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## ORIGINAL ARTICLES.

### THE CONFLICT BETWEEN MYSTICISM AND RATIONAL PHILOSOPHY; ITS BEARINGS ON THE DOCTRINES OF "CHRISTIAN SCIENCE."

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#### PART II.

"It has not been always noticed, even by those who deem themselves the chosen champions of the immateriality of mind, that we materialize mind when we attribute to it the relations of matter. . . . Admitting the spirituality of mind, all we know of the relation of soul and body is, that the former is connected with the latter in a way of which we are wholly ignorant; and that it holds relations, different both in degree and kind, with different parts of the organism. . . . The sum of our knowledge of the connection of mind and body is, therefore, this—that the mental modifications are dependent on certain corporeal conditions; but of the nature of these conditions we know nothing."—*Sir William Hamilton*.

IT MAY not be without interest, at this point, to pause and inquire into the grounds for belief in the mystical and supernatural, or in causes which transcend—or seem to transcend—the natural order of phenomena and the natural laws of thought.

Belief in the miraculous has continued to thrive side by side with the progress of science, and while its votaries are comparatively fewer to-day than at any previous era, yet their number are by no means small, nor are they confined, as formerly, so largely to the ignorant and vulgar. Making due allowance for the love of mystery which is natural to certain stages of human development, during which, as Fontanelle justly says, "men are not willing to suffer the decision of things to be too easy;" but "mingle their own prejudices in the discussion and so create much greater perplexities than are naturally in the things themselves."<sup>\*</sup> After giving due weight to all these things, we say, it is not unreasonable to conclude that there must be some plausible data for a belief which is in so much favor among men, and to which so large and respectable a class of people cling with such persistent tenacity. The difficulties that environ the subject are due, we apprehend, to an ignorance of the laws of mind in respect to its relations to the inorganic forces, and in respect, also, to its relations to the organic forces, the highest of which is mind itself. From the point of view of science, we have to inquire, *first*, as to the influence of mind in matter; *second*,

as to the influence of mind over matter; *third*, as to the influence of mind over or upon mind, and *fourth*, as to the influence of mind upon its own organism.

1st. The great thinkers of the race from the beginning have recognized the power of mind *in* matter, not always as a something outside of it, but as a power incarnate, which is developed *in* matter, rather than *by* it. From this point of view, the influence of mind in matter is limited only by the laws of the physical world. Mind is unquestionably the power that moves among the atoms and that moulds them into forms of beauty or otherwise. Making allowances for the poetry of speech, Schopenhauer was not altogether wrong in declaring that "The will, as the principle of all things, slumbers in the rock, awakens in the plant, becomes fully developed in man." Nor is Von Hartmann altogether in error in recognizing mental analogies, even in the behavior of the molecules to each other. "That piece of matter," he observes, "is a conglomeration of atomic forces, *i. e.*, of flats of the unconscious, to attract from this point of space in this intensity; to repel from that point of space in that intensity. Let the unconscious intermit these acts of will and annul, at the same moment, this piece of matter has ceased to exist; let the unconscious will anew, and the matter is there again."<sup>\*\*</sup> The author is less happy in declaring what would be the fate of the molecule should its properties be annulled. So far as our senses are concerned, it would cease to be, in that event, of course. But such a state of things as matter without its properties and relations is unthinkable, and is, therefore, a proposition wholly irrelevant and futile. It is sufficient to know that the unconscious powers *do* animate all nature, and are the author of all life and being. It is easy to trace their workings in the molecule through chemical formulas, to organic formulas, and through these last to higher organic forms and formulas, and through these again, to the highest and most complex combinations of matter, the human brain, with all its centers of intellect, feeling and volition, and its masterful reaches of thought and imagination. In these powers are disclosed the secret of the *vis conservatrix naturae* which presides over the welfare

\* *History of Oracles*, p. 2.

\*\* *Philosophy of the Unconscious*, ii, p. 241.

of the organism, protects it against morbid causes, heals its wounds and cures its diseases. For all the purposes of the organism, Nature, or the unconscious mind, is supreme, unerring, and omnipotent; and he is the wiser physician who follows her lead in adapting means to ends, and who is willing to learn of her the indications of treatment for relief from morbid causes.

Who shall set limitations to the influence of the unconscious mind over disease, or in relieving the organism from the presence of morbid causes? He would be a bold man who should say "Nature is equal to this, but she cannot do that." The power to create presupposes the power to preserve. As for ourselves, we have seen too much of nature's operations among the diseased and infirm that bordered on the miraculous, to be surprised at any of her cures. We have seen, for example, a case of malignant diphtheria recover without any foreign aid except such as the free use of water afforded. We have known frequent instances of spontaneous disappearance of tumors, ovarian and other, contracted joints straightened, and the whole bent or tendency of the organism to be instantly changed by a powerful mental impression. This last has frequently been known to relieve rheumatism and to restore crippled limbs. Hysteria has often been cured by the same means. Rheumatism is, in fact, often due to hysteria. A most vexatious and troublesome case of this kind was quickly cured, under our care, by the sudden and critical illness of a favorite child. The child died, but the mother remained well. In the domain of surgery Nature, or the unconscious mind of the organism, often performs wonders, such as setting fractures and uniting them; arresting hemorrhages from wounded arteries; extracting bullets and other foreign bodies from the brain and other organs; removing obstructions from the bowels and performing delicate operations upon them, such as dividing and reuniting them, to the end that life may be preserved and the individual allowed to fulfill his destiny.

2d. The power of the incarnate mind over matter is a question the solution of which is involved in difficulties well nigh insuperable. We don't refer now to the influence of mind in the mechanical arts and industries, the laws of which are limitless, but to the psychical influence of mind on crude, inorganic matter. If the stories of Pagan and Christian magicians are to be accredited, there have been, and are now, persons who are able to transcend the law of gravity by the exercise of mandatory power in respect to the movements of crude matter, and by the use or exercise of the same powers, also to control the

phenomena of organic beings. Of the former class of facts, Salverte relates, in his *Philosophy of the Occult Sciences*, the case of a Spanish prisoner who, in 1558, was condemned to be shot by the Prince of Orange. "The soldiers tied him to a tree and fired, but he was invulnerable. They at last stripped him, to see what armor he wore, but found only an amulet. When this was taken away from him he fell dead at the first shot." The same writer says that in India and some places in Central Africa conjurers exist who will freely submit to be fired at by travelers, with their revolvers, at short range; and it is related that a certain Abyssinian, a few years ago, allowed a party of Europeans going to the Soudan to amuse themselves by firing at him with their pistols and muskets, for a trifling fee. "As many as five shots," it is alleged, "were fired simultaneously by a Frenchman named Langlois, and the muzzle of the pieces were not above two yards distant from the sorcerer's breast. In each case, simultaneously with the flash, the bullet would appear just beyond the muzzle, quivering in the air, and then, after describing a short parabola, fall harmlessly to the ground."

These facts, although more striking, belong to the same category as the phenomena of table-tipping and levitation. Nothing seems better attested than the movement of heavy tables and other articles of furniture, at the bidding of a person possessed of "mediumistic" power, whatever that may be, or by the joint influence of a few sympathetic persons forming a circle around the object to be moved or raised; nor that the force exerted in such a phenomenon is mental. The same observation may be made in respect of the phenomenon of levitation, or the bodily lifting of a person from the ground and suspending him in the air without visible support or mechanical contrivance. This phenomenon has been witnessed by scientific observers in Europe and America, and is as well attested as any other phenomenon of gravitation, as the fall of dew, the rise of gases, or the suspension and floating of clouds. We have no explanation to offer of this class of phenomena. The facts are submitted, together with the privilege for the reader to draw his own conclusion from them.

3d. The influence of mind over mind presents a large and interesting field of inquiry. The time was when the profession of medicine declined to believe that one mind could possess any direct psychical power over the mental functions of another. And even so late as the time of Mesmer it was not safe for a medical man, who cared for the good opinion of his medical brethren, to avow his

belief in animal magnetism, or what is now known as hypnotism, or Braidism, as the late Dr. Carpenter preferred to call it. But, not only is it possible for certain peculiarly endowed individuals to take control of the wills of certain others and influence them to act against their own volition and in accordance with that of the operator, but the same influence in greater intensity may be exerted by certain individuals over certain animals. Many travelers have recorded feats of serpent charmers, among others, Bruce and Lemière. These writers declare that some of the natives of Morocco, Arabia, and other places in the East, handle the most poisonous snakes and scorpions with impunity; and that, according to Salverte, there are people in Egypt who not only possess complete psychical power over reptiles, but make use of this power to destroy them for a pecuniary reward. "They handle and play with them and throw them at will into a state of stupor." "In vain," says Salverte, "do the Latin and Greek writers assure us that the gift of charming venomous reptiles was hereditary in certain families from time immemorial; that in Africa the same gift was enjoyed by the Psylli; that the Mares in Italy, and the Ophiozenes in Cyrus possessed it." — *La Philosophie de la Magie*.

Still more remarkable is the psychical power which some persons possess over certain birds. According to Dr. d'Alger, a French writer, there lived near the village of Brignoles, France, in 1864, a simple-minded peasant, by the name of Jacques Pelissier, who made a living by killing birds by simple will-power. The account of this peasant's extraordinary exhibition is thus related by Dr. d'Alger: "At about fifteen or twenty paces from us I saw a charming little meadow-lark, which I showed to Jacques. 'Watch him well, monsieur,' said he, 'he is mine.' Instantly stretching his right hand toward the bird, he approached him gently. The meadow-lark stops, raises and lowers his pretty head, spreads his wings, but cannot fly; at last he cannot take a step further, and suffers himself to be taken, only moving his wings with a feeble fluttering. I examine the bird; his eyes are tightly closed and his body has a corpse-like stiffness, although the pulsations of the heart are very distinct; it is a true cataleptic sleep, and all the phenomena incontestably prove a magnetic action. Fourteen little birds," says Dr. d'Alger, "were taken in this way within the space of an hour." At the will of this Jacques these hypnotized birds were immediately restored to their wonted life and activity, or allowed to die. He had power to kill

by force of will such birds as were subject to his psychical influence, and, in the presence of the writer already quoted, did actually kill two birds within five minutes which the doctor designated, by way of illustration, at a distance of twenty-five or thirty paces, without touching them. His powers extended to sparrows, meadow-larks, robins, gold-finches and sky-larks only; but this last species sometimes escaped him, he said.

The influence of the peasant Jacques on birds bears a striking similarity to that of the Rev. C. H. Townshend on the distinguished Agazzie, whose mesmeric experience with that gentleman we find, graphically described by Agazzie himself, quoted in Dr. Tuke's *Influence of the Mind on the Body*. This was in 1839. The distinguished naturalist, having heard a great deal about Mesmerism, and being desirous of knowing something about it, determined to test its powers upon himself. Accordingly, he submitted himself to Mr. Townshend for the experiment, "firmly resolved," he says, "to arrive at a knowledge of the truth, whatever it might be," but determined "to resist the influence" of the operator to the last. "I then fixed my eyes upon Mr. Townshend," he writes, "attentive to whatever passed. . . . I was sufficiently master of myself to experience no emotion, and to repress all flights of imagination, even if I had been less calm. . . . However, after at least a quarter of an hour, I felt a sensation of a current through all my limbs, and from that moment my eyelids grew heavier. . . . It was an irresistible heaviness of the lids which compelled me to shut them; and by degrees I found I had no longer the power to keep them open." From this time to the end of the sitting, about an hour, while the subject kept his consciousness, he was thoroughly under the control of the operator, losing the power of speech, and the power to change his position, or to move his arm, or "even to will it." Yet he could do all these things by direction of the Mesmerist and in spite of himself. A few upward passes of the operator's hand restored him to himself, when "I experienced," he writes, "an indescribable sensation of delight, and for an instant saw before me rays of dazzling light, which instantly disappeared."

The above case of Professor Agazzie is a good illustration, not of Braidism, for that relates to the influence of one's mind on himself, but of the influence of one mind over that of another, call that influence by whatever name one may. For half a century this power has been used in the treatment of disease with remarkable success and equally remarkable failure, under the mistaken

guise of faith cure and Mesmerism. It is more properly mind cure, since the cure is effected, when effected at all, *by a mental force communicated from the operator to the subject*. The patient's powers of recuperation are not stimulated by faith or expectation, by this process; his attention is not fixed and the powers of his mind turned in upon himself as in hypnotic subjects; but, quite to the contrary, he remains passive, and receives a revivifying influence direct from the mind of another, with the effect to supplement his own impoverished forces and to restore to himself the control of his own body. For an illustration of the subject we cite the following case:

"Edward Wise, aet. 75, had been paralyzed two years in one arm and leg. The left arm was spasmodically fixed to the chest, the fingers drawn toward the palm of the hand and wasted, quite incapable of holding anything; the lower lip was drawn a little down and could not hold the saliva, which dropped out at the side of his mouth; when walking he would draw the left leg after him. His gait was tottering, and for two years he was never known to walk without a stick." This case was mesmerized by Mr. Tubbs, a reputable practitioner of Upwell, England, May 21st, 1855. "In forty minutes," writes Mr. Tubbs, "he felt me draw a pain from his shoulder to his fingers' ends. After the pain was gone he felt as if he could flex and extend his arm, and he accordingly did. By the next operation he managed to hold a spatula in his hand, and exclaimed that he should now be able to eat all the victuals from his old lady. . . . He was mesmerized twice a day, and always felt more power in the arm and leg." The patient finally made a good recovery.\*

The annals of medicine are full of cures of divers diseases by mental influence of this kind, many of which are more striking than the cure above related. They belong to the department of psycho-therapeutics, or mind-cure, and are deserving of just recognition by a learned and candid profession. Surely, no wise physician will scruple to use whatever remedies or measures that offer a reasonable hope of serving his patient, be it a new physical agent, a remedy devised by a quack, the druggist, the prayers of the devout, anointments, or the psychical energy of a magnetizer.

Psychical influence of an individual upon himself has been referred to the imagination. Thus, it is said, such and such effects are due to the influence of the imagination. But what is the imagination

if it is not psychical power itself? The cure of disease is often attributed, and properly so, to the influence of the imagination, as, likewise, disease itself is often caused by it. The influence of this faculty is, perhaps, best observed in the effects of strong mental impressions made by the mother on her child in utero. Van Helmont, the alchemist, in his *De Injectis Materialibus*, has recorded some striking illustrations of this subject, two or three of which we briefly cite: "The wife of a tailor at Mechlin was standing at her door and saw a soldier's hand cut off in a quarrel, which so impressed her as to bring on premature labor, and her child was born with only one hand, the other arm bleeding."

"In 1602, the wife of Marcus Derogeler, a merchant at Antwerp, seeing a soldier who had just lost his arm, was taken in labor, and brought forth a daughter with one arm struck off and bleeding, as in the first case."

A third example, as given by the same eccentric author, is that of a woman, who, near her term, witnessed the execution of several condemned men. The horror of the spectacle was so overpowering that she "suddainly fell into labour and brought forth a perfectly formed infant, only the head was wanting, but the neck bloody as their bodies she beheld that had their heads cut off. And that which does still advance the wonder is, that the *hand, arme, and head* of these infants were none of them to be found."

These cases of Van Helmont are extravagant illustrations of the influence of maternal impressions through the sympathetic system, and should be received with a few grains of allowance for an imagination most extravagant on the part of this author. Nor do such facts adequately represent the psychical influence for weal or woe which a woman may exercise upon the character of her offspring while in utero. She has, indeed, through the influence of her moral nature, if strong, the power to mould her child in forms of beauty and loveliness, or to inflict upon it ugliness of mind and body; to surround it with an atmosphere of sweetness and light, or envelop it with an atmosphere of ill-nature and shadow—all through the influence of the conscient mind upon the unconscious.

It would be an easy task to cite volumes of illustrations from medical literature still further to show the influence of the conscient mind upon its own unconscious organism, for good or ill, but these must suffice. The curious on this subject may find sufficient to satisfy them in the first volume of Madame Blavatsky's *Isis Unveiled*. While no medical man can accept Madame Bla-

\* Cited from Tuke. *Influence of the Mind upon the Body*, p. 288.

vatsky's conclusions, the facts she has collected are of exceeding interest to him and worthy of studious consideration.

There is another very important phase of this subject to which only an allusion has been made, namely, the influence of faith—faith in a nostrum, in the power of prayer, in change of place, in shrines, amulets, relics, and in the doctor—in controlling the disorders of sensation, secretion, motion, etc. Sick persons are frequently possessed with the idea that a certain medicine or nostrum will cure them. This is the secret of the unscrupulous and monstrous growth of the patent medicine industry of modern times. Sometimes—more frequently not—the result of taking the drug has justified their faith in its virtues. So, likewise, they are frequently impressed with the idea that a certain change of location will restore them to health, and the change has been made with gratifying results. Many instances of this kind have occurred in our own professional experience. Quite recently, a gentleman came under our observation suffering from mitral stenosis. Several physicians, including ourself, pronounced his condition critical. For three months he had sat in his chair, leaning forward on a table, with feet and legs badly swollen and edematous, unable to draw his breath in any other position, and with difficulty in this. He longed to be taken to the coast. "Get me to the sea-shore," he said, "and I shall recover." But he was so feeble we dared not consent to his making the attempt. His clamor finally became so urgent—violent—on the subject that our consent was given, and he was carried aboard a steamer and taken to the Long Island coast, when, to the surprise of all his doctors, he improved daily.

Faith in the doctor is a potent factor among the elements of psycho-therapeutics. It is often more potent than any of his remedies. Some physicians have psychical powers in this direction of peculiar efficacy; others have it not. The superiority at the bedside, which the few possess, is not due to learning and scholarship; for, to the disgust and discomfiture of the scholars in medicine, the ignorant practitioner is often the more successful in winning the confidence of his patient, and—in curing him; and the most ordinary and unlearned prescription often proves to be the more potent in his hand. It must be regarded, therefore, as a special endowment. It is noteworthy that the sick often begin to recover as soon as the favorite doctor is called, even before he has seen the patient; more often, still, the patient is better ere the doctor leaves the sick chamber. Is this due to faith—to some latent power within that the

doctor has evoked? Or has the doctor unconsciously given the patient a healing potion from his own psychical fountain? Or is it both? Unfortunately, we know not. As has been already observed, there is too little certainly known of the laws of mind in respect of its relations to other minds to enable any one definitely to pronounce on the subject. The fact only is known that the mere presence of some physicians is helpful and healing, while that of others is less positively so, or wanting altogether, and is often irritating and hurtful. This is true of the sick of all ages—infants as well as of adults—which would appear to show that another element of psycho-therapeutics besides faith is involved in the problem.

The influence of charms, relics, shrines, amulets and high potencies upon abnormal states among the ignorant and credulous is well known. During the middle ages the graves of saints, and other persons conspicuous for piety, were a frequent resort by the afflicted with chronic ailments; and down to quite recent times the grave of Father Mathew was a happy resource for the sick. To this day, mothers are known to put a string of amber beads around the neck of their children as a preventive of croup; and reputable physicians have been known by us to carry in their pocket a horse-chestnut against piles. The use of "holy water" is still effective in certain emotional disorders, and prayers are a ready and an inexpensive resource for the sick when the physician's art has proved ineffectual. In all these things, it is the *belief in them* on which remedial results depend. There is no curative virtue in the things themselves, with the possible exception of the prayers of devout and sympathetic natures. The exercise of so lofty a sentiment as prayer is certainly hallowing to a nature endowed with it; but what its psychical influence upon another, not in sympathy, may or may not be, is one of the unsettled problems in psycho-therapeutics. Be it what it may, the psychical effect of prayer of one upon another is too indefinite, uncertain and unreliable for practical utility in therapeutics.

In respect to the influence of faith and expectation in the cure of disease, we cite an illustration from several cases of paralysis which were cured, several years since, by Prince Hohenlohe, of Bavaria, through the agency—say, rather, medium—of prayer:

"A man, of about fifty, named Bramdel, caused himself to be carried by six men from Carlstadt to the court at Stauffenburg. His arms and legs were utterly paralyzed, hanging like those of a dead man, and his face was of a corpse-like pallor.

On the prayer of the prince he was perfectly cured, rose to his feet, and walked perfectly, to the profound astonishment of all present."—(*Influence of the Mind on the Body*, p. 327.)

This case, with other similar cases, was reported by Prof. Onymus, of the University of Wurzburg, who was himself an eye-witness of the facts. But it is no uncommon instance of the influence of mind on disordered physical states. Similar experiences are frequent among our own people. They prove, not the healing efficacy of prayer—for the effect of prayer is chiefly on the suppliant, by putting him in a condition to receive\*—but the curative influence of faith and expectation when these elements are strongly aroused.

4th. There is another variety of psychical influence, which has been improperly designated Braidism, to which we would make brief reference in passing. It is the influence of the conscient mind upon itself. Its *modus operandi*, together with the effects produced, are well illustrated by the practice of a certain mediaeval monk. It was commonly supposed by the mystics and ascetics of the middle ages that the seat of the soul was in the hypogastric region. To this region, therefore, they directed their attention as the source of thought and feeling. "When thou art alone in thy cell," writes the monk referred to, "shut thy door, and seat thyself in a corner; raise thy mind above all things vain and transitory; recline thy hand and chin on thy breast; turn thy eyes and thoughts toward the middle of thy abdomen, and search the place of the heart, the seat of the soul. At first all will be dark and comfortless; but if thou persevere day and night thou wilt feel an ineffable joy, and, no sooner has the soul discovered the place of the heart, than it is involved in a mystic and ethereal light." Fixing the attention in this way was no doubt as effective in inducing the hypnotic state as that advised by Dr. Braid, namely, a piece of shining metal.

#### A COMMON MISTAKE CONCERNING THE INSANE.

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**I**N DEALING with the insane as much care should be taken to avoid hurting their sensibilities, or lessening their self-respect, as would be observed in dealing with the sane. Yet, how

often do we see a patient's case, his actions, his chances for recovery, discussed in his presence with as much freedom as one would use in discussing the merits of a marble statue. Even in asylums, where the attendants should know better, patients are pointed out, introduced to, and their cases explained to, visitors, with as much freedom as if they were totally deaf. I have even known a superintendent of an asylum, standing before his delicate female patient, say to his lady visitor, "This case of melancholia was caused by the infidelity of her husband—who is even now living with another woman, in sight of this very institution." And the visitor noticed that the patient winced while the physician said it.

This serious error in the treatment of insanity undoubtedly arises from the impression which generally prevails among the laity (and from which even alienist physicians do not seem wholly able to divest themselves), that the *intellectuality* of the patient is destroyed by his insanity—that memory, comprehension, etc., are wholly blotted out, and that the patient does not recognize the meaning of what is said or done in his presence—and that, consequently, he may be discussed openly before his face, with impunity. It is impossible to make a greater mistake; for, in most cases, the senses, although morbidly perverted, are apt to be supernaturally quickened. Memory, so far from being lost, is more prehensile than ever; and if one thinks that the unhappy creature before him, who stands bowed down with his own griefs, or in sullen gloom, or even in a state of incoherent talkativeness, does not hear because he does not answer, and does not remember because he apparently does not notice—then such a one is destined to have an awakening, when, years after, perhaps, this same patient, then happily recovered, quietly recalls the interview, and not only tells what was said to him then and there, but even narrates scenes, incidents, conversations innumerable which occurred "upon the ward" while he was in an asylum.

No—under the frenzied mask of mania, or the downcast silence of melancholia, the mind—working jaggedly and at random—still most frequently retains its powers of observation and memory. Every cruelty of thought, or voice, or word is *felt*—though no outward sign be given, and a more or less degree of comprehension as to his or her mental condition renders the patient keenly alive to the smarts of neglect, unkindness, etc. They will tell all about it some day, after they have recovered; and well will it be for you if you have not to blush for some careless word, some harsh rejoinder which has added to their suffering.

\*Many distinguished clergymen might be quoted in support of this view of the influence of prayer, for God is regarded by theologians to be "without variableness or the shadow of turning."

And this is an added reason, also, why we should *never be guilty of the slightest untruth*, or double dealing, with the insane. No class of human beings so unerringly detect insincerity in their fellow-men; none resent it so intuitively; none remember it so long. Your strongest hold upon them is their confidence in your truthfulness; deceive them once in that, and your hold is lost. And confidence, I need not remind you, is the keynote of success in managing the insane.

Let the same delicacy, then, be used in conversing with, or before, an insane patient as would be used in other professional interviews.

#### PLATINA, IN MENTAL DISEASE.

Reviewing my first year's work here at Lake George, I find that I have corroborated by fresher experience some points of my earlier experience in mental therapeutics. Among the remedies which were tried friends of old, PLATINA again comes "to the front."

Years ago, in the first beginning of the Middletown Asylum, I made my first acquaintance with platina in this field. Especially in the case of a lady who frequently mounted her "high horse," and when so mounted was not only ludicrously but aggravatingly "a whole head and shoulders" above every one else around her; we used to amuse ourselves with the suddenness with which, by means of a dose or two of platina, we could bring her down again to solid earth and the rational course of ordinary life.

The field of platina action comprises the brain, the spinal cord and the greater nervous branches thereof, especially the great splanchnic distributed through the abdomen and the uterine nerves of the hypogastric plexus. And, when we comprehend this fact, we understand why platina so greatly depotentizes and depresses the nervous life, and why it "gets in its work" (curatively) upon the moral and psychic life of the individual.

Dr. Veit Meyer says: "No remedy gives us so striking a picture of the hysterical perversion of the disposition as platina." Yet, valuable as some of our profession have found it in hysteria, its use is by no means confined to the treatment of that disease.

Dunham, whose paper upon this drug is one of his best bits of "precisionizing," well says of it that "*the mental symptoms* denote the forms of hysteria, in which it is useful. Whereas ignatia corresponds to cases in which there is a disposition to grieve, to brood in melancholy sadness over sorrows, whether real or imaginary, PLATINA, on the other hand, belongs to a variety in which the

mind rises in defiant and distorted superiority over the causes of vexation or sorrow; becomes, *first*, demonstratively apprehensive, *then* alternately demonstratively lachrymose and boisterously merry, and *at last* absurdly supercilious. But, whatever the frame of mind may be, *it is always demonstrative*, and this is the character of platina; the personality of the patient is obtruded on one's notice."

Now, one acquainted with mental disease will see in this a reflection, in miniature, of the course and characteristics of what is known as recurrent mania, as well as of the *folie circulaire*, which is marked by alternating "waves," so to speak, of melancholia, then exaltation, then an interval of rest preceding another "wave" into melancholia; each stage or "wave" lasting for weeks, or even months, as the case may be.

Two such cases I have had in charge this year, in which platina has worked admirably. One, a married female, aged 37—this her fourth attack (about three years apart)—manifested an excessive degree of hauteur, combined with great loquacity and a gift of most stinging sarcasm, which rendered her quite unapproachable and unbearable. Some degree of uterine disease (chronic) was also present; and the whole case presented such a constant shifting between depression and exaltation, such an evolution of hysterical features, that platina could not be ignored as *the* remedy. It was accordingly given pretty steadily, with an occasional recurrence to lachesis (for loquacity) and sepia;—and, in three months, she was cured—in one quarter of the time in which she had recovered in her previous attacks, treated in asylums.

The other case—age 37—of eleven years standing (treated in asylums previously to coming to us) was not cured—that could hardly have been expected. But, it was delightful to see how promptly her "tantrums," which led her at times to "considerable of a row," yielded to the action of platina—leaving her quiet and lady-like.

Another case came under my professional charge (though not as a house patient) in the summer of 1887—the twenty-one-year-old daughter of a temporary resident at the Lake. The girl was in a depressed condition—approaching, at times, almost to melancholia—of which, indeed, her appearance gave much suggestion. She was fast drifting that way. Her intellect was keen, and she preserved much merit as a critic and a writer of poetry. But, she was listless, taciturn, and full of whims and imaginings, all of which, however, had their basis on *physical* conditions.

Examination revealed no uterine trouble; but the peculiar *putty-like consistence* and tardy ejection of the foeces ("followed by a peculiar sensation of weakness in the abdomen") attracted attention, as being the typical platina stool. Under this drug this patient steadily improved both in bodily and mental condition—until taken off, at the close of the season, to a "winter sanitarium," where, I hear, she has not maintained the ground won by platina.

Of course, what I have said concerning this drug is not *new* to the profession; but it is a little corroborative evidence; and if it will lead any professional brother carefully to read up again on platinum, it will not, perhaps, have been written in vain.

#### ON THE THERAPEUTICAL VALUE OF CERTAIN DIAGNOSTIC SYMPTOMS.\*

BY C. E. LANING, M. D.

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AS A medical teacher, I have long insisted that no matter how much the physician may know regarding the physiological action of remedies, nor how extensive his acquaintance with the pathogenesis of our remedies, no matter, I say, how familiar he may be with all this, he is not prepared to, nor can he make a scientific prescription until he comprehends the significance of the various symptoms appearing in a given case. Many there are, no doubt, who will take strong exception to this assertion, and with apparently good reason. Some will insist that a remedy, prescribed in accordance with the law of similars, will *always* cure if a case be curable. If by "accordance with the law of similars" is meant the selection of a remedy corresponding to the "totality of the symptoms" then I assert that there are curable cases which cannot be helped in the least if only this means of selecting a remedy be pursued.

To the scientific physician the entire group of symptoms presented in any given case must include three things, viz.: (1) The location of the lesion or lesions, (2) the character of the pathological changes which have taken place at the seat of the lesion, and (3) the remedy needed for the cure of the case.

In other words, some of the symptoms enable us to make a diagnosis, or to name or classify the disease, while yet others, as stated, including very often some which have assisted in the

diagnosis, enable us to understand the nature of the morbid changes which gave rise to the entire group. Every physician knows that he may have made a diagnosis and arrived at satisfactory conclusions as to the pathological changes which have taken place, and yet needs to look further for some of the remaining symptoms of the case in order to select the proper remedy. Now, if one does not know how to attach to these symptoms their proper value and significance, individually and collectively, he cannot, as I have stated, make a *scientific* prescription. He may prescribe a remedy which possibly will cure, but he has not done it upon such scientific principles as he would employ in working out an example in mathematics, or with such an understanding as to how he did it as would enable him to solve all similar problems in therapeutics. There are times when a certain number of the "totality" of symptoms presented in a case serve only to indicate the location of the lesion, and have no meaning at all so far as the selection of a remedy is concerned. If we attempt to use these indications in a curative way they will surely mislead us. We must guard against this practice, for it is a weak point in our therapeutics. Let me illustrate:

All cases of paralysis, loss of nerve power, are theoretically and in many instances practically preceded by a state or stage of irritation, during which the organs controlled by the nerve or nerves affected have their functions changed to a degree and in a manner which corresponds to the degree and continuance of the irritation. If, then, a nerve is under the influence of some agent which has the tendency and power to *paralyze* it, it is clear that during the first stage of *paralysis*, which must always be that of irritation, the symptoms must of necessity be different from what they will be in the second stage or that of *actual paralysis*. Many times a careful and comprehensive analysis of our case would enable us to select a remedy which would have the power of *aborting*, or at least of holding in abeyance, the force or disease which was steadily tending to *paralysis* or death of some part. If medicine really deserves to be classed among the sciences, then indeed would coming events cast their shadows before, and we would, like the astronomer, predict the eclipse while the sun shone the brightest. We would not be obliged to fight disease from one ambuscade to another as it steadily advanced, not knowing, or as with some, apparently not caring, where the next battery might be unmasked; but, like the astronomer or scientist in other fields, we would know that such

\* *The Clinique.*

a sign, such a symptom when present, meant, undoubtedly, the subsequent appearance of certain others; that the first group meant the partial development of certain pathological changes, not directly dangerous to life nor threatening the health of the patient seriously.

I say that waiting for the full and final phenomena of a disease to develop before we begin to combat it is not scientific, and but for the fact that nine-tenths of the cases prescribed for by physicians would undoubtedly recover if left to nature alone, is all that saves the majority of us from having to openly acknowledge many defeats. This may sound harshly, but when intelligent and conscientious physicians stop to think, to realize, how much tampering and unwarranted meddling is done with the human organism by men who assume to be trained and competent, I think they will fully coincide with what I have said.

I do not wish to upbraid my professional brethren with their failings, but to show what I believe to be a way of avoiding some of them. As has been stated, *all* of the symptoms in a given case cannot always be made available for the selection of the curative remedy, at least only in a negative way. If, as a result of a thickening or hyperplasia of the spinal dura, or of certain changes in the structure of the vertebrae, slow compression of the cord occurs, is it not plain that among the first symptoms to present themselves will be those indicative of *irritation* of the cord? And will these symptoms have any greater or other significance than to locate for us the special portion of the cord involved; and while the morbid process is developing which is giving rise to symptoms of spinal irritation, which are gradually to be followed by those of paresis or paralysis, are we making a prescription which can lay any claim to be scientific if we are using a remedy which corresponds the most closely to the various nervous phenomena present? Will the remedy be any more intelligently selected when later on we change it for one which has in its pathogenesis symptoms more closely resembling those due to the increased pressure upon the cord, which is present as a result of the unrestrained, unretarded pathological change that has been slowly developing? If, in this case, we had taken the totality of the symptoms and interpreted them correctly some would have been put down as reflex, and valuable inasmuch as they enabled us to locate the lesion. Others carefully translated would have told us the nature of the changes going on, and we would have prescribed a remedy in accordance with the fact of the case.

That remedy would have been the same when the growth was of such proportion as to simply cause irritation and a consequent augmented functional activity of the nerve paths of the cord involved, as when it had increased to such an extent as to abolish the functions so lately stimulated, or as a result of its increased pressure, to implicate portions of the cord heretofore free.

In cases of typhoid fever and diphtheria, in which at a certain stage heart failure is liable to occur, the premonitory signs of it are almost always to be observed a greater or less length of time in advance of its actual occurrence. And when the physician does see what is impending, is it not time to act before the catastrophe is upon us to such an overwhelming degree that remedies are well nigh, or entirely powerless to relieve the consequences.

It is seldom, if ever, that the paralytic symptoms develop until the nerve paralyzed, in such cases the vagus, has shown unmistakable symptoms of irritation. The physician who is familiar with the origin and distribution of this important nerve as well as with the physiology of its various branches, can read evidences of the changes to come before they have really developed in full, or to an incurable degree. In a case of diphtheria when the throat symptoms have subsided, and the patient is considered to be out of danger so far as the primary or uncomplicated disease is concerned, it is time to look for and guard against the much dreaded heart-failure.

Too frequently is it the case that physicians, apparently, do not see or recognize evidences of heart-failure until the danger from the complication is imminent and often of a fatal nature. It is largely because they have not been trained to observe or to appreciate the initial symptoms in such cases.

Returning to the vagus, we must recall the fact that when it is irritated it causes the heart to beat slower and the respirations to proportionately increase in frequency. Let us not leave this by merely stating it as a fact, but understand just *why* it is so. The filaments from the *par vagum* sent to the heart are inhibitory in function, and when stimulated they necessarily diminish the pulsations of that organ, while those distributed to the lungs have a function which might almost be called a special sense, viz., that of translating the irritation which results largely from an excess of carbonic acid gas, into a sense of air-hunger, or a desire for more oxygen.

If these peripheral pulmonary filaments are rendered hyperaesthetic, or more sensitive, it requires less of the normal, physiological stimulus

to excite their activity, which means certainly an increased number of respirations per minute. This is the very condition which almost invariably occurs for a certain length of time before positive symptoms of paresis of the vagus are manifested. In a case of diphtheria when the above symptoms appear, they almost invariably indicate the approach of paralysis or dangerous paresis at least. If you ask upon what we base this assertion, I answer, upon the *clinical history* of the case. The etiology and the clinical history of cases should be recognized as furnishing some of the essential data which will enable us to choose the correct therapeutic measures.

The etiology of disease should be more carefully studied, particularly its significance or suggestions for the selection of remedies. Certainly the fact should not pass the therapist unheeded that in one form of Bright's disease the chief etiological factors are cold, scarlet fever, measles, malaria, acute rheumatism, etc., while in another they are syphilis, phthisis pulmonum, caries, abscesses, various wasting diseases and chronic rheumatism, while yet in a third form, alcoholism and beer drinking are the most frequent exciting causes. Is it possible, does it seem reasonable, that such knowledge cannot, must not, be made use of by one who hopes to scientifically and successfully combat disease? This kind of knowledge will enable the physician to see below the surface, to not be so attracted or blinded or misled by the branches and leaves of the tree as not to know where or how to strike at the roots.

And this brings me back to my original statement, viz., that the physician must know how to interpret symptoms, know which are of value as therapeutic guides and which are not. By not having such knowledge it is like attempting to oppose an enemy advancing into your country and not being able to say which are the stragglers and skirmishers and which represent the main destroying army. In such a case we may employ our soldiers (remedies) in cutting off and destroying the stragglers and skirmishers, allowing at the same time the most dangerous portion of the invading army, or disease, to advance unmolested. This is no fanciful sketch, but finds its living counterpart in those cases and those physicians who take some two or more simply accidental symptoms which are no more an indication that the remedy should be changed or based upon them than that the accompanist to a musical composition should change the key in which he was playing because there occurred an accidental sharp or flat in the melody. His funda-

mental notes and chords remain the same. If this were not so, and he changed his key every time there was some slight modulation or passing note in the score, he would simply be out of tune all the way through, and in the end would have furnished discord instead of harmony. So it is with physicians who are frequently changing their remedies during the course of a disease; they are simply out of tune all the way through in the hope of striking the proper key at every change.

In a case of pneumonia or typhoid fever there are always certain symptoms which have the same relation to the case, as do the symptoms of hyperesthesia, spasmotic movements, etc., on the one hand, and anesthesia or analgesia, or paralysis of the motor nerves on the other, to a case of slow compression of the spinal cord. Properly interpreted they signify certain things, but they do not indicate the remedy which will smother the fire of which they are only the smoke.

Physicians will often say: "I gave such a remedy for the fever, such another one for the cough, and so on for various symptoms as they appeared." And, because these symptoms disappeared during the administration of the special remedy they infer that they have checked the disease itself, whereas they have only at best shot a skirmisher or deserter. Such prescribing is too much like trying to fell or destroy a tree by attacking its leaves and branches. It may be done in that way, it is true, but unless the tree has almost life everlasting it will have died a natural death before the axe has touched a vital spot. So, firing these random shots around the outskirts of disease is largely a waste of time and ammunition, and the disease, if self-limited and not fatal, develops its full clinical history, passes through its various phases from its inception to its death, and the physician has little more than kept up a pyrotechnic display for the amusement, or at best, the encouragement of the patient during the state of siege.

That remedies can and do relieve certain isolated symptoms for which they are prescribed there is no doubt or question, and why they do is easy of explanation, and, at the same time, unless selected upon better grounds than this method of prescribing affords, but little if anything is accomplished in the way of actually benefiting the patient or shortening the malady.

If diagnosis and pathology be ignored, or not thoroughly understood, no physician, I care not who he is, or what his attainments are in other respects, can make as accurate and scientific a

prescription as he, other things being equal, who is master of these important branches. A majority of the most exclusive Hahnemannians, or symptomatologists, will say, "Oh, the pathological condition is to be taken into consideration in the light of a symptom." But how can one who knows next to nothing of pathology take it into consideration from *any* standpoint? Let such men have a case of suppuration and how soon will they prescribe *silicea* or *hepar sulphur*, in this case taking one of the results of the pathological process as a guiding symptom. But how is it when an abscess of some of the vertebrae occurs, or pus is formed in some location where they are not able, from want of diagnostic ability to recognize its presence? Then it is that they fall back on reflex symptoms that have no therapeutic value whatever, and by matching a remedy as nearly as possible to this group of symptoms they expect to cure the disease. (!)

I once knew a physician who searched laboriously for a remedy which should have the symptoms of pain and tenderness in the right inguinal region, together with certain pains and peculiar sensations in the region of the groin and upper portion of the internal femoral region. Now, in reality, these phenomena of a nervous character referred to had no therapeutical value in the case at all, for all the symptoms were due to a psoas abscess, and the accidental adjacency of the genitocrural nerve to the abscess explained all of the symptoms referable to its point of distribution. To have selected a remedy which included these "nervous phenomena," usually recognized as the most valuable upon which to base a prescription, he must have taken some remedy which through its action upon the spinal cord or periphery of this nerve had produced the symptoms searched for. In such a case a remedy selected in such a way could, of course, have no clinical value. But some one will say, "The *totality* of the symptoms should have been taken into consideration." Exactly, and if the "totality" had been, then a prescription could not have been made, for no remedy would cover the totality, for either the peculiar sensations from irritation of the genitocrural nerve must be passed without recognition from a therapeutic standpoint, or else the sensations or symptoms in the inguinal region, both subjective and objective, must be ignored. As soon as this case was diagnosed "psoas abscess" my friend put the patient upon *hepar sulphur*, for knowing *what* to look for and *where to look for it* he soon found symptoms indicating this drug sufficiently to warrant its prescription.

But I have always felt that this *diagnosis*, this knowledge that *pus* was forming, carried my friend away from the true (?) Hahnemannian course he was wont to pursue, and for the nonce he was freed from that terrible nightmare, the "totality of the symptoms."

### CLINIQUE.

#### INTESTINAL OBSTRUCTION, CAUSED BY AN ENTEROLITH IN THE LOWER ILEUM.

BY H. I. OSTROM, M. D., NEW YORK.

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THE following case of intestinal obstruction was under the care of Dr. E. W. Finch, of New Rochelle, New York, who requested me to meet him in consultation, September 26th, 1887.

The history obtained at that time gave a clear diagnosis of obstruction, but neither then, nor during life, were we able to determine with equal clearness the exact nature, or situation, of the difficulty.

The patient, a maiden lady, aged sixty-five years, had, until her fatal illness, considered herself an unusually strong woman. With the exception of long lasting constipation, for which, during middle life, but not for several years, she had taken large quantities of magnesia, and occasional severe attacks of colic, also confined to the same period of life, she had had no illness of sufficient importance to require professional advice.

The present attack began about one week before I saw her, with complete constipation, which failed to be relieved by the usual remedies, followed in a few days by severe abdominal pain, not localized, and considerable general tenderness of the abdomen. Dr. Finch promptly controlled the pain and tenderness, and by enemas was able to obtain small stools of liquid feces. At no time did the temperature exceed 99°, and the pulse, though feeble and thin, was not markedly accelerated. Until the close of the first week food was retained without discomfort. Vomiting of the ingesta then set in, followed by fecal vomiting, which continued until death. A peculiar feature of the fecal vomiting was the absence of violence. It was more of the nature of an expectoration, and frequently almost flowed from her mouth without effort.

I saw the patient on the eighth day of her illness. I found her quite comfortable, suffering no pain. Mind clear, able to converse freely, and

strong enough to turn herself unaided in bed. Abdomen greatly distended and generally tympanitic. Deep and prolonged pressure produced regurgitation of liquid feces, but gave rise to no pain. The degree of distention in connection with the naturally large accumulation of adipose tissue rendered palpation difficult. No tumor was discoverable, nor could the convolutions of the intestine be defined.

With the development of stercoraceous vomiting, rectal alimentation was resorted to, but without much success, for very soon the food so introduced was expelled.

The suddenness of the attack, the early development of pain and peritonitis, the absence of early vomiting, and the history of constipation, favored a diagnosis of volvulus; on the other hand, the late development of meteorism and fecal vomiting, the cessation of pain and abdominal tenderness, and the fact that the accident had not terminated fatally within eight days,\* pointed to some more slowly acting cause of obstruction, and narrowed the diagnosis to intussusception, or the presence of some form of intestinal stone. If a case of intussusception, it belonged to the sub-acute or chronic form of that disease; but here again the absence of pain after the first few days, and the non-paroxysmal character of the symptoms as the case progressed, rather excluded intussusception. I was therefore inclined to attribute the obstruction to some variety of intestinal stone, either a gall stone, or a calculus, but both of these usually have a previous history that aids the diagnosis. The former is generally preceded by attacks of colic, and not infrequently by peritonitis at the time that the stone ulcerates into the intestines, while, in the later, the constipation is not as a rule suddenly complete; the calculus rarely, unless very large, causing complete obstruction.

The diagnosis therefore was guarded. My proposition to make a laparotomy was readily assented to by Dr. Finch, but the family, though advised of the lessening chances which delay would bring, were unwilling to assent to such an extreme measure. The routine practice of enemas and opium was therefore followed, and the use of such remedies as seemed indicated, prescribed.

I was again requested to see the case four days later. The conditions were then unchanged, save that abdominal distention had increased, and unmistakable symptoms of collapse were rapidly developing. The pulse was feeble and the temperature sub-normal. Aspiration at several

points in the abdomen failed to relieve the bowels of more than a very small quantity of gas.

Though the outlook was even less favorable than at the time of my first visit, both Dr. Finch and I agreed that a laparotomy offered the only chance of relief, a cure was beyond possibility. To this the same opposition was encountered as before. The lady died the following night, about two weeks from the apparent incipiency of the disease.

At the autopsy, which an ovariotomy the same day prevented me from making, the cause of obstruction was found to be a calculus so firmly imbedded in the lower ileum, and so completely occupying the lumen of the gut, that it was necessary to divide the walls longitudinally, to effect its removal.

The stone was composed principally of sulphate of magnesia, but had apparently no central point of crystallization. It was oblong, measuring four and one-half inches; pointed, and rough on the end towards the cæcum, smooth, and beautifully polished on the end towards the jejunum, showing clearly the direction in which it had advanced through the intestine. It weighed seven drachms—surprisingly light for the size of the stone—and in circumference measured three and one-quarter inches.

This case presents rather unusual clinical features. It is a matter for comment, that symptoms of total obstruction developed so short a time before death, when we consider the perfect occupation of the canal by the stone, and the evident length of time that it had been impacted in the gut. It is also somewhat unusual to find such an entire absence of pain without gangrene, no evidence of which was revealed by the autopsy. The origin of the calculus may probably be attributed to the habit of taking magnesia for constipation, but the length of time that elapsed between the cessation of this habit and the development of the stone to a sufficient size to cause total obstruction, certainly a period of several years, gives rise to considerable conjecture regarding the method of its formation, especially that which pertains to the later growth, and which accomplished the final closing of the gut.

It is probable that no method of treatment could have saved life, or even prolonged it; but I cannot avoid the impression now, any more than I could when I first saw the case, that the only hope lay in a laparotomy and resection of the intestine. The autopsy proved that the calculus could have been found without much difficulty; thus the success of the operation would have depended upon the resection. As the intestine was

\*Treves gives six days as the limit of life, if not interfered with.

healthy at the time of death, and there had formed no adhesions, the result of this part of the operation may be regarded as more favorable than the almost certainly fatal one of following an expectant method of treatment, the only one to which the family would give their consent.

#### A CASE OF ABSENT OR RUDIMENTARY UTERUS.

BY EUGENE R. CORSON, M. D., SAVANNAH, GA.

THE generative organs, like the other organs of the body, are liable to those malformations dependent upon arrests in development or reverisons to inferior types. Thus we find the *uterus fœtalis*, *infantilis*, *bipartitus*, *didelphys*, *bicornis*, *unicornis*, etc., conditions dependent upon arrests or anomalies in the developmental processes.

Complete absence of the uterus is of the rarest occurrence, and has been described only in cases of fœtal monstrosities. Although the most careful examination may fail utterly to find any trace of a uterus, it probably exists in some rudimentary form. P. Müller states that mistakes have been made even in post-mortem examinations, where the tubes have been confounded with a bi-lobed uterus, and that Kiwisch himself mistook the hollow rudimentary uterus for the vagina.

For this reason we cannot be too careful in our diagnosis in these cases, for even where we utterly fail to find any uterus, tubes, or ovaries, the probability is very strong that all these organs are present in some rudimentary form.

A report of the following case seems to me to be warranted by its great rarity and the conditions under which it occurred:

I. H., a pure negress, aet. 34 years, applied to me for a slight indisposition, complaining of some pain in the left lumbar region. Thinking there might be some uterine trouble, I made an examination which led to the following strange discovery: The index finger passed into a vagina, which measured about three and one-half inches, and which seemed to be a simple pouch made by the examining finger, and which, on its removal, was a simple cul-de-sac not more than two inches deep, with its walls thrown into deep folds visible on gently separating the labia. There was no cervix or os evident to the touch or to the eye with the vagina exposed by a Sims' or bivalve speculum to a bright light. Search was made in vain for the most minute opening which might lead to a rudimentary uterus. The vaginal mucous membrane was healthy. The abdomen

was very lax, permitting a most thorough bimanual examination, and yet, neither by the vagina nor by the rectum was it possible to bring anything between the examining fingers, but the abdominal wall and the vaginal or rectal walls. In other words, I could find no evidence of uterus, tubes, and ovaries. A catheter introduced into the bladder with the vaginal bimanual, gave no evidence whatsoever of a uterus or annexa. The bimanual by the rectum was the same as by the vagina, the examining fingers being brought together with equal facility.

The external genitals were normal, the labia majora, nymphæ, and clitoris showing nothing uncommon; if anything the clitoris was a little smaller than usual; the pubis was covered with hair; the breasts were small, but not smaller than I have often seen them in women otherwise well developed.

In speech, figure and manner, the patient gave every indication of her sex. She gave me the following history: She was born in slavery in 1854, which makes her 34 years old. She noticed no special change in passing from girlhood to womanhood. She has never menstruated, nor has she ever had any menstrual molimina. She was married when 21, and lived with her husband up to a year ago, when she separated from him on account of ill treatment, although he did not seem to think her different from other women, barring the amenorrhœa and sterility. Evidently the vagina was sufficient for the sexual act. Copulation always gave her more or less pain so that she dreaded it. She admitted some sexual feeling, although under no circumstances has it ever been much. About two years after marriage she had a slight show of blood after urinating which lasted one day, but this was evidently independent of any menstrual flow. As it was the only time that anything of the kind had ever happened she had made a note of it.

She has had good health all her life, and asserts positively that no uterine examination had ever been made before. She looks healthy though not robust.

Although I made two very careful examinations of this case without finding any trace of uterus, tubes, or ovaries, the probability is very strong, as I said before, that all these organs are present in some rudimentary form. Sometimes the uterus is represented solely by a band of muscular and connective tissue in the posterior wall of the bladder, the exact recognition of which is about impossible even under the most favorable conditions. Again, the uterus and annexa may exist in their natural form, and yet so very small

as to escape detection; or it may exist as a *uterus bipartitus, unicornis, didelphys, bicornis, or septus*, whose minute size also renders its detection well nigh impossible. Under these circumstances its rudimentary condition is practically the same as its absence. Its occurrence in a pure negress adds to the peculiar interest of the case.

To the student of embryology and comparative anatomy, these malformations become clear and significant, representing, as they do, stages in the process of development. As the embryo runs through the organic scale in its short life, its different stages find their counterparts in matured forms in the animal series. All this has been made very clear in Professor Huxley's "Manual of the Anatomy of Vertebrated Animals," where the student will find the development of the reproductive organs represented by diagrams giving a very clear idea of the relations of the male and female organs to the general plan.

#### A CASE OF CANCER OF THE LYMPHATICS.\*

By C. B. KINYON, M. D., ROCK ISLAND, ILL.

IN AUGUST, 1886, I was called to see Mr. L., an entire stranger to me. As I entered I found the patient resting on a sofa, and showing in his countenance marked evidence of pain. The history of his case up to this time is as follows: He was nearly sixty-eight years old, and remarkably well preserved for one of that age.

He had never worked hard. Had always lived temperately in all particulars, and said he could see no reason why he should be thus afflicted.

I found him to be far above the average in intelligence, and he had never had a sick day in his life until May, 1886, fourteen weeks before I saw him.

In that same month of May he moved his residence from Minneapolis to Rock Island, and it was while at work in lifting some furniture that he noticed that he could not lift, even moderately, without producing more or less pain in the left groin. After each attempt to lift, the pain would be quite sharp and persistent for several minutes, when it would gradually pass off. In a few days he became conscious of some soreness in the painful region.

In about ten days or two weeks the pain began to shoot down the sciatic nerve. By this time it was almost constant and quite sharp with aggravation at night. This soon reached such a degree of severity as to materially interfere with his sleep.

\* Read before the Rock River Institute of Homeopathy, January 1888, at Sterling, Ill.

Thus far there had been no impairment of his appetite. Digestion was good. Bowels were regular. No evidence of fever, even at night. The trouble seemed to be confined to the left iliac region and down the sciatic nerve.

By the first week in June the pain became so severe that a physician was called, who at once diagnosed sciatic rheumatism, and treated accordingly, but with no relief at all. The pain continued to grow worse, and the doctor, after the orthodox fashion, ordered the hypodermic injection of morphine. He even left a syringe and solution, and told the nurse how to use it, with orders for it to be used as often as necessary to control the pain.

His prognosis at this time was to the effect that the disease would wear itself out in six weeks or less, and then all would be well. But it seems that the disease did not wear out. Long before the six weeks were gone the patient showed signs of wearing out, to the great consternation of the doctor.

Several consultants were called in, and all agreed with the first diagnosis, and several remedies were suggested and tried, but to no purpose.

The pain constantly increased. The morphine lost its charming effect in killing the pain, but it did cause inveterate and troublesome constipation, and general demoralization of the patient.

The six weeks passed. Eight weeks passed. Still no relief. At last, as a *dernier ressort*, I was called to take charge of the case. For, as some of the friends expressed it, I could, or would do no harm, which was more than could be said of my predecessors.

From the patient and friends I soon learned the history as just related. I took my time to collect the history and such symptoms as were present. They were very few, for the patient was too completely under the influence of the narcotic to exhibit many symptoms, either subjective or objective. However, by the process of exclusion, and by the fact that the sciatic nerve was not sensitive to the touch, I soon decided that he did not have sciatic rheumatism.

But that conclusion was not enough. Here was a room full of intelligent people all intensely interested in and exceedingly watchful of all I said and did. Here I was with the sufferer before me, with all these friends around him and all looking at me with skeptical eyes.

What should I do. I knew full well that a mere negation would not satisfy them. If I were to simply tell them that he did not have rheumatism, and should say to them that I could not tell what the real trouble was, could not tell what caused

all this suffering, I would certainly be dismissed forthwith, in disgrace.

As before stated, I found the patient dressed and resting on a sofa, where he had been during his illness.

I resolved on a bold move, with the determination to find the cause of that pain. Accordingly, I ordered the patient to bed, where I could make a thorough examination and a diagnosis.

While these changes were being made I had time to collect my wits for a rigid examination. I first took his temperature. It was only 98° F. Pulse 90 and strong. Rate and strength due to the morphia. I could find no external cause for the pain, and was beginning to sweat pretty freely  $\diamond$  one test after another failed to find the cause.

The only place where I could find anything abnormal was in the left iliac region, and that was quite tender to the touch, but not enough so to account for all the suffering.

Just as I was ready to give up in despair, the thought occurred to me that I could perhaps reach the origin of the sciatic nerve by a digital exploration of the rectum, and I at once started on an exploring expedition.

As my finger passed through the internal sphincter, it came squarely against an obstruction.

But what it was could not so easily be told. It was not an enlarged prostate, and it was not fecal matter. So the conclusion was inevitable that it must be an abnormal growth. The absence of fever and the extreme hardness of the mass led me to decide that it was a tumor.

Notwithstanding the seriousness of the prognosis, I was immensely relieved to find that lump, for by its pressure directly against the sciatic nerve, it would account for all the pain this man had suffered.

I had completely set at rest all adverse criticism on the part of this man and his friends, and had at least won their respect, which is the entering wedge that will ultimately tear asunder and disperse all prejudice.

This tumor was *very hard* and nodulated; was about the size of a goose-egg, and firmly bound by adhesions.

I was now able to tell the patient and friends with confidence that he did not have rheumatism, and more, that all the pain came from pressure on the sciatic nerve; and further, said pressure was caused by a tumor, but I desired a little more time before deciding as to its exact nature. I felt that I had done enough positive work for one visit, and did not wish to undo it by making a mistake as to the variety of tumor present or as to the prognosis.

Before leaving I gave orders to discontinue the hypodermic syringe, and wrote out a prescription for six cocoa butter rectal suppositories, each containing two grains of svapnia. These to be used only when necessary to control the pain. One grain is the usual dose for an adult. In this case more was required, because his system was already saturated with narcotics. This svapnia is also known as Bigelow's purified opium. It is prepared by John Farr, of New York.

In its original crude form it has much the same appearance as the crystals of citrate of iron and strychnia.

I had this put with equal parts of sac. lac., and thoroughly triturated to an impalpable powder. Of this triturate each suppository had four grains.

Svapnia has done excellent service for me in many cases. It is almost universal in its application in cases calling for sedatives or anodynes, and produces none of the bad effects of morphine or chloral.

In very small doses it has served me well in cases of sleeplessness from neurasthenia and similar conditions.

Excuse this digression. In order to partially neutralize the effects of the morphine, I had them give this man a cup of strong coffee, and left him ars. 6<sup>th</sup> dilution and conium 2<sup>th</sup> dilution, to be given each hour alternately.

I called the next day, and found my patient more comfortable than for two weeks before. Had used but one suppository, and that had enabled him to sleep about six hours, and he awoke from the sleep feeling rested. His appetite was more natural. At this visit I looked over the case carefully again, for, while I suspected cancer, I had not yet found enough positive evidence to justify me in telling them of my suspicions.

After careful search and due examination, I succeeded in finding two kernels or nodules the size of a hickory nut in the left axilla, and three smaller ones on the left side of the neck.

These added one more link to the chain of evidence tending to establish the diagnosis of cancer.

I now told the friends what I thought the trouble was, and expressed a desire to call in counsel before giving a positive opinion.

The next day I called Dr. Wessel, of Moline, in counsel, who agreed that the tumor caused the pain, and was much more positive than I that the tumor was cancerous in character.

Together we decided to take the risk of making an unqualified diagnosis of cancer. Subsequent developments proved our opinion to be correct.

As I am not writing an article on the subject of

cancer I will simply say that there were three indications, or rather symptoms, which to our minds pointed so strongly in that direction that we decided to give a positive opinion.

(1.) The extreme hardness and nodulated character of the tumors. (2.) The character of the pains in parts where no important nerves were pressed upon. These being sharp and severe, like the prick of a needle. (3.) The extensive induration of the lymphatics. There was also the negative sign, that there were no symptoms of any other disease. The peculiar cachexia had not yet manifested itself.

The rest is soon told. Ars. iodide 4<sup>x</sup> trit., and conium 3<sup>x</sup> dilution, were given every two hours in alternation during the day, for the entire course of the treatment. The above mentioned rectal suppositories used as needed to control the pain.

One in twenty-four hours did the work until in November. The last four weeks, two were often used in twenty-four hours.

Cascara cordial kept the bowels in good shape until the first of December when a diarrhoea set in, due to the breaking down of the tissues affected with the cancerous infiltration.

From then he failed very rapidly, and died on the seventeenth of December, four months after I first saw him.

During the stage of diarrhoea, I found nothing equal to bromo-chlorallum as a disinfectant.

I have reported this case not for the purpose of giving you anything new in the treatment of cancer of the lymphatics, but simply to illustrate as best I may the absolute necessity for us to take into account, in arriving at a diagnosis, both the symptomatology and the pathological conditions present.

For it is only by so doing that we can best establish our reputation, best serve our patients, and best maintain the dignity of the profession.

This case was of real benefit to me, and taught me two important lessons, viz., never rest contented regarding the diagnosis, until you have tried thoroughly every known method of examination, and carefully weighed all the evidence.

Never rest *your* case on the diagnosis of any other physician.

**Arterial Pressure in Brain and Sore Arm as Influenced by Various Drugs.**—Capelli and Brugia, of Milan, have made some very interesting experiments on the blood pressure as altered by various drugs. Their principal conclusions are condensed as follows by the *Therapeutic Gazette*, from *Schmidt's Jahrbücher*, June 22, 1886:

1. Inhalations of nitrite of amyl cause a fall in the pressure, first in the brain and then in the forearm. Besides,

there are, however, variations of pressure in both regions, which are not isochronic.

2. Morphine applied hypodermically in small doses produces at first a vascular contraction, and then a dilatation, most pronounced during sleep. The latter condition leads to an increase in volume of both the brain and the forearm.

3. Chloral causes at first cerebral anemia on account of the decreased resistancy of the peripheral arteries; later there appears a vascular paresis, without a subsequent increase in volume of the brain.

4. Paraldehyde does not always produce hypnotic effects. Soon after application of the drug cardiac power increases, and reaches its maximum during the deepest hypnosis. If no sleep result, this action upon the heart is less pronounced.

5. Hyoscyamine at first acts as an excitant; later the frequency of the pulse increases, while its pressure falls, until ultimately the normal state of both frequency and pressure are regained.

In a cold bath the peripheral arteries contract, the volume of the brain augments, and the pulse is first quickened and later slowed.

In a warm bath the experimenters found, contrary to the usually assumed venous stagnation of blood in the brain and a diminished vascular tension, during the entire bath a certain degree of vascular contraction and cerebral anemia, with peripheral vascular congestion.

**The Evolution of Venereal Diseases.**—It was only in May of last year that in an article in the *Edinburgh Med. Jour.*, by Milton, it was stated that the question of the unity and quality of syphilis was yet far from being settled. This is well illustrated by the article by F. Le Gros Clark (*ibid.*, April, 1886), in which gonorrhœa, chancre, and the initial lesion of syphilis are held to be derived from the same source—namely, the secretion of an inflamed urethral mucous membrane. The writer calls in question the specific nature of gonorrhœal ophthalmia; believes that mild secondary symptoms follow a chancre after a short period of incubation, and that the initial lesion differs from it only in having greater induration, a longer period of incubation, and more pronounced secondary symptoms. He holds that cases of secondary syphilis may arise from a gonorrhœa, and that it is not necessary to assume the existence of urethral initial lesions in cases arising apparently without local lesion. He has never met with a case which suggested to him the presence of an initial lesion in the urethra. In treatment he favors the bichloride of mercury with sarsaparilla, though it would seem that the subchloride of mercury (calomel) was meant, as we are advised to give half a drachm to a drachm of it a day for a long-continued time.

**Mental Disorder Caused by Jaborandi.**—Dr. Wauz, of Liége, who has great belief in the efficacy of jaborandi as a stimulant of the mammary functions, mentions a case which has recently occurred in his practice, showing that serious danger may sometimes arise from the administration of this drug. He prescribed ten drops of the fluid extract every four hours for a patient whose milk had ceased for a fortnight, with satisfactory results, the secretion being re-established. After a time, however, the patient began to suffer from extreme nervous excitement, accompanied by a fixed idea that she should murder all her family by a hatchet. On the jaborandi being stopped these alarming symptoms disappeared, and with them the activity of the mammary glands.

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## THE EMPEROR AND HIS PHYSICIANS.\*

DR. MACKENZIE'S book in which is given an account of Emperor Frederick's disease and death, was at first suppressed in Germany, but the order afterward rescinded. The statements are so clear and supported by such unanswerable proofs as to convince almost every one of the skill and thoroughly professional conduct of the author in the midst of the abuse, jealousy, and misstatements to which he was subjected. Dr. Mackenzie does not touch upon political questions, but confines himself to the progress of the Emperor's case till his death. He denies that he ever stated that the disease was not cancer, but stated that the only rational diagnosis could be obtained by subjecting a piece of the growth to a microscopic examination. In this microscopic examination, Professor Virchow, the ablest microscopist and pathologist in Europe, gave so favorable a report that the contemplated operation was abandoned, and the case handed over to Dr. Mackenzie.

With regard to the charge made against him by Professor Gerhardt of having wounded the right vocal cord in his second operation, Sir Morell points out that such an accident is almost impos-

sible with his forceps. He has never known it to occur even to beginners, and as a matter of fact in the case of Emperor Frederick there was no objective sign of such an injury having been inflicted. Nor did the august patient afterwards complain of any pain or discomfort such as he must have felt if the supposed wound had had any existence outside of Professor Gerhardt's imagination. Dr. Mackenzie accuses the German physician of having made a charge which he knew to be false, in order to shake the confidence of the Crown Prince in his new adviser. He maintains that his German colleagues fully share his responsibility for the line of treatment which was adopted, as if they distrusted him they should at once have openly dissociated themselves from him. They made no sign, however, and even as late as the beginning of October, Professor von Bergmann is said to have admitted that the course which Sir Morell Mackenzie had pursued was the right one.

So far from his having spirited the Crown Prince away to England, as he is accused of having done, Dr. Mackenzie affirms that the illustrious patient came over to London, mainly in order to be present at the Queen's jubilee, in accordance with arrangements made before the English physician had been called in. He complains that Dr. Landgraff was appointed to accompany the Prince without any hint having been given him that that surgeon was one of Professor Gerhardt's assistants, and that he was such a novice in laryngoscopy, that his examinations always produced great pain. In describing the consultation at San Remo, he says Dr. Schmidt insisted that the case was not cancer, but was specific, and expressed the same opinion in a public lecture at Frankfort, which caused great annoyance to the Prince. Dr. Mackenzie says in the tracheotomy performed by Dr. Bergmann, the trachea was opened three millimeters to the right of the middleline. This was proved by Dr. Hovell by an ingenious method of measurement, which is fully described and illustrated. Dr. Bergmann inserted a canula of altogether unusual size and shape. The lower end of this instrument, according to Dr. Mackenzie, impinged on the posterior wall of the trachea, causing a destruction of the

\* "The Fatal Illness of Frederick The Noble," by Sir Morell Mackenzie. London: Sampson Low, Marston, Searle and Rivington. Brentano's, New York, Chicago and Washington.

tissue and intense discomfort, with consequent exhaustion. There was at this time a great tension in the relation of the English medical attendant with his German colleagues. He complains that the latter obstinately refused to listen to his suggestions as to a more suitable tube till it was too late. When the case was restored to the English physician he substituted a Durham's tube for the German canula, with relatively satisfactory results. But irretrievable mischief had already been done.

Professor Von Bergmann is accused of having diagnosed secondary cancer of the lung from finding dullness in the back of the liver. Professor Kussmaul had to be brought all the way from Strasburg to convince him of his mistake.

Dr. Mackenzie's account of the events of the fatal 12th of April, is very different from Professor Von Bergmann's. Dr. Mackenzie does not hesitate to say that Emperor Frederick the Third received his death-blow on that occasion. The false passage made by the tube, gave rise to an extensive suppuration around the trachea, which steadily drained away the remaining strength of the august patient and shortened his life by about ten months.

An interesting statement is made in connection with this subject, that, except at the time the false passage was made, and especially when Professor Von Bergmann thrust his finger into the wound, the Emperor never suffered any actual pain. After the death of the Emperor, Dr. Mackenzie alleges that an attempt was made to entrap him into a false position. It was settled that there should be no post-mortem examination, and the English physician was urged to give his opinion in writing, as to the nature of the disease, in the hope no doubt that thinking himself safe from any exposure he would return an ambiguous answer. He disconcerted his enemies, however, by stating unequivocally that the Emperor had suffered from a cancer of the larynx.

In the controversial part of his reply, Dr. Mackenzie contends that thyrotomy in cases of cancer, so far from being free from danger, is in fact a most deadly operation. He shows that the mortality is equivalent to nearly 91 per cent. He also maintains that it is, in a vast majority of

cases, inadequate for a complete removal of the growth, which, therefore, speedily returns, the average rate of recurrence being almost 90 per cent. Apart from this, the voice is destroyed or modified in 77.77 per cent. of the whole number of cases.

Lastly he argues that in a case of such transcendent importance it would have been utterly unjustifiable to perform an operation of such a nature, without the clearest proof of its necessity. This, he maintains, was not forthcoming till a late period of the illness.

In dealing individually with his German assailants Dr. Mackenzie rejects the testimony of Professor Gerhardt as being that of a discredited rival. He brushes aside the evidence of Dr. Landgraf on the score of a want of laryngoscopic skill, which he says was so marked that the Prince was with difficulty prevented from dismissing him. Dr. Bergmann is objected to on the same ground. To the evidence of these inexperienced laryngoscopists is opposed the testimony of experts like Dr. Krause, Dr. Wolfenden and Dr. Hovell.

Professor Gerhardt's cauterisations on so many consecutive days is condemned in the strongest terms as utterly unexplained in medical practice, and as being likely to irritate the disease, if originally benign, into malignancy.

The statistical portion exhibits the results of twenty-two cases of thyrotomy for cancer, only two of which were successful; of thirty-five cases of partial excision of the larynx, only one of which was successful, and of one hundred and thirty-eight cases of total extirpation, only eight of which were successful.

The public, in this book, get a pretty distinct idea of the fallibility of so-called medical science, and the jealousy and meanness shown in the highest medical circles, by some of its distinguished members. The picture is not a pleasant one, and is not calculated to increase public confidence in the honesty and sincerity of medical men. Dr. Mackenzie was forced to give the minute history of the case from his first connection with it to the close by what he claims to be the abuse, the misrepresentation, and the direct falsehood hurled against him by his German colleagues. Notwithstanding, the language of the author is at times

stronger and more emphatic than might be considered in accordance with good taste, yet this can be readily pardoned when the strong provocation is taken into consideration. As the book will have a large circulation in this country, and as a reply of the distinguished German physicians will undoubtedly speedily be given to the public, our readers will be enabled to form their own estimate of the subject from authentic data.

#### THE LESSON OF SUFFERING.

THE QUESTION is seriously agitating the public mind if the epidemic of yellow fever in Jacksonville, may not only seriously interfere with the plans of the thousands who visit Florida during the winter for recreation and health, but also with the small capitalists whose attention have been directed to this state, more especially during the past few years, on account of the healthfulness of its winter climate, and the unequalled facilities offered for the culture of the finest varieties of tropical fruits. When we take into consideration the fact that the epidemic has been confined almost entirely to Jacksonville, only a few isolated cases having appeared in other parts of the state, and that the mortality has been only about ten per cent., the fear does not seem to be well founded. The attention not only of local and state boards of health, but of the general government, has been called to the urgent necessity, not only of ascertaining the specific cause of the disease, but to measures of quarantine, local sanitation, and disinfection, which will prevent in the future the dreaded pestilence gaining a permanent foothold in any portion of our country. New Orleans is a living proof of what can be done by prompt, energetic, and intelligent measures. Previous to Gen. Butler's military government of the city during the "Civil War" it had been the very nidus of the fever, from which it spread all along the river and coast towns. The proper drainage sanitation and quarantine introduced and rigidly enforced by Gen. Butler, not only stamped out the disease, but the same plan continued has prevented its reappearance to any extent. As a proof that the general government is fully aroused to the necessity of active and energetic action, a bill has been introduced into the

Senate of the United States, which authorizes the President to cause the Secretary of the Treasury (through the Marine Hospital Service) to make and promulgate such rules and regulations as in his judgment may be necessary to prevent the spread from one state or territory to another, of cholera, yellow fever, small-pox or plague, and to employ as many inspectors and other persons as may be necessary to carry the regulation into effect. It also makes it a misdemeanor, punishable by fine and imprisonment, to violate the regulations of the secretary.

There is but little doubt but what the germs of the fever were introduced into Florida from Cuba through the line of steamers running from Havana to Tampa, and from thence carried by rail to Jacksonville, but in the future that avenue will be as carefully watched as is the port of New York, with ample authority for rigid quarantine. Dr. George Sternberg, of the United States Army, noted as an exceptional able bacteriologist, has been directed by the President to proceed to the infected places, and make such investigations as opportunity may offer to discover the cause and character of the disease.

At a recent date Dr. Sternberg visited Havana, where he had an opportunity of watching in the hospital the progress of the fever, making careful chemical and microscopic examinations of the contents of the stomach, the bowels and the bladder, before and after death. From these examinations he was led to think that in yellow fever, as in cholera, the peculiar micro-organism causing the disease, is located in the alimentary canal. In yellow fever the urine and matter vomited, as well as the contents of the intestines, were highly acid. A microbe, therefore, capable of multiplying in the stomach and intestine, in this disease, must be able to grow in an acid medium. With this idea in his mind he combined 150 grains of the bicarb. of soda, and one-third of a grain of corrosive mercury with one quart of pure water. Of this mixture, one ounce and three-fourths to be given, ice cold every hour. This treatment was tried by Dr. Francis Cabera, director of the Hospital Garcia in Havana, in twelve cases every one of which recovered. At the same time eight cases were treated in the same institution

by the usual methods, of which five died. Dr. Sternberg thinks that the claims of the Mexican and Brazilian physicians, to have discovered and cultivated the yellow fever bacillus, are founded upon insufficient authority. The opportunity of investigation now offered to Dr. Sternberg by order of the President, aided as he will be by the able co-operation of the Academy of Science, it is hoped may lead to a solution of this important question.

Statistics show that Florida is one of the healthiest of all the states and territories in the Union, the deaths from all causes during the past year being only 11.72 per one thousand inhabitants, Arizona, Montana, Wyoming, Dakota, Idaho, Washington, Oregon, Minnesota and Nevada having a slightly less percentage, while the other states range from 11.92 up to 23.60 per one thousand. Florida is a peninsula about one hundred miles in width by three hundred and fifty in length, with a coast line of 1,146 miles and an area of 58,680 square miles, or 37,555,200 acres. Bounded on one side by the Gulf of Mexico, and on the other by the ocean, with an average temperature from 72 to 90, very seldom falling below 30, it enjoys, day and night, throughout the entire year a fresh, cool breeze from the gulf or ocean. The sandy soil so absorbs the moisture that sunstroke is never known, and the air, ozonized by the balsams of the pine and gum trees, is so invigorating and life-giving that zymotic diseases are but little known. What is called the "Backbone Ridge" runs down through the center of the state, as far south as Charlotte Harbor, and rises to an elevation of from 150 to 175 feet. The geological strata is the same as that of Georgia, being evidently a continuation of that formation. First comes a sandy loam, then a clay formation resting upon a bed of gravel, and that upon lime-stone rock. Outside of this tongue of land the country is built up from the coral, the sand and sea shells, the outgrowth of ocean life. The yellow fever has never penetrated this section of country, but has been confined almost entirely to Jacksonville. All that is needed to shut out yellow fever or any other pestilential disease is proper quarantine and intelligent sanitary measures in all centers of population.

With the attention of the authorities fully aroused to the absolute necessity of proper sewerage and rigorous quarantine, there is no reason why our southern coast may not be as effectually protected from yellow fever as our nothern ports have been from cholera and small-pox. With the coming frost, now near at hand, the pestilence will disappear, and those who contemplate visiting Florida can do so without the slightest fear of contagion. The lesson taught not only to our southern friends, but to the nation in suffering and death will not be forgotten, and will not need to be repeated.

#### A NEW HYPNOTIC.

IT IS claimed by those who are most conversant with sulfonal, discovered recently by Prof. E. Bauman, of the University of Freiburg, that it is destined to fill a most important place among the few well tried drugs for the direct relief of pain and insomnia, without any of the objectionable features which may attend, in a greater or less degree, all other known hypnotics and narcotics. The drug is without smell or taste, and is easily dissolved in 100 parts of water, and according to the report of Professor Rast, of Freiburg, who has carefully studied its physiological action and clinical use in several hundred cases, in which he has given it both to the sick and well it has no injurious secondary effects, and may be taken with impunity in proper doses to produce sleep. The testimony of many distinguished observers all concur in the most favorable mention of the drug in nervous sleeplessness due to neurosis or psychosis, insomnia accompanying acute febrile diseases such as typhoid fever. In the sleeplessness of the insane, especially in melancholia, Dr. Cramer found the action of the drug very quieting, and followed by no unpleasant results. We have tested sulfonal in fifteen or twenty cases, and in every one with the most happy results. A lady who had long suffered from nervous insomnia obtained from fifteen grains, seven hours of quiet sleep. The drug was continued every night for a week, when the trouble which had tormented her for months disappeared. Another lady in very much the same condition tried for several nights ten-drop doses of passiflora without any

effect. The first dose of twenty grains of sulfonal was followed in a half hour by a drowsy feeling, and in an hour's time by a quiet natural sleep, which lasted eight hours with no unpleasant after effects. A lady suffering from severe cardiac trouble from which she died was very much soothed in her last days by the rest and sleep obtained by twenty grain doses of sulfonal.

A gentleman in the last stage of paralysis agitans when the suffering from cramps and neuralgic pains had been for a long time so great that only temporary relief could be obtained from the most powerful narcotics and hypnotics whose after effects were seen in a greatly disturbed mind, found rest and sleep from thirty grains of sulfonal repeated twice a day.

Dr. Rosin, of All Saint's Hospital, Breslau, found sulfonal in the 274 cases over which his observations extended not only produced refreshing sleep but that it also quieted in a very marked degree the irritating and harrassing cough of acute bronchitis, pneumonia and phthisis. The drug will, of course, require a more careful investigation than it has yet received, but from present indications it seems likely to take its place by the side of antipyrine, one of the most valuable of the recent contributions to our *materia medica*.

A TON of ordinary gas coal will yield beside a gas 1,500 pounds of coke, 20 gallons of ammonia water and 140 pounds of coal tar. Distillation of the coal tar gives about 70 pounds of pitch, 17 of creosote, 14 of heavy oils,  $7\frac{1}{2}$  of naptha,  $6\frac{1}{2}$  of napthaline,  $4\frac{1}{2}$  of naphthol,  $2\frac{1}{2}$  solvent naptha,  $2\frac{1}{2}$  of alizarine, 1,1-5 of aniline, seventy-nine hundredths of a pound of toludine, forty-six hundredths of a pound of anthracine, and nine-tenths of a pound of toluches—from the last named substance being obtained the new product saccharine, said to be 230 times sweeter than cane-sugar.

A RENOWNED histologist, in calculating the aggregate cell forces of the brain, says the cerebral mass is composed of at least 300,000,000 of nerve cells, each an independent body, organism, and microscopic brain, so far as concerns its vital function, but subordinate to a higher purpose in relation to the function of the organ; each liv-

ing a separate life individually, though socially subjected to a higher law of function. The lifetime of a nerve cell he estimates to be about sixty days, so that 5,000,000 die every day, about 200,000 every hour, and nearly 3,500 every minute, to be succeeded by an equal number of their progeny; while once in every sixty days a man has a new brain.

**D**R. NICOLSON, in the *Virginia Medical Monthly*, speaking of salol in dysentery and diarrhoea, says, "I have had ample opportunities of testing its merit in the treatment of all bowel troubles, when antiseptics are necessary. Since I began its use in acute dysentery, I have not found the resort to any form of opium necessary. Given in five grain doses every hour, the griping and straining rapidly disappear and the patient, without the production of any constitutional effect, is rapidly restored to a state of comfort and quiet." In simple diarrhoea, and acute indigestion, and also in the summer diarrhoea of children as well as the diarrhoeas of typhoid fever, it has been found of especial benefit. "Salol is chemically a *salicylate of phenol* a combination of salicylic and carbolic acid insoluble in water and also in the reaction of the gastric fluids. It has been demonstrated that it passes unchanged through the stomach to be decomposed in the alkaline juices of the intestinal canal into its original constituent parts, free salicylic and carbolic acids 62 per cent. of the former, and 38 per cent. of the latter. It is this fact, which renders it the ideal intestinal antiseptic, especially as it can be administered in comparatively large amounts without producing the poisonous effects of either of those constituent substances."

**D**R. N. WALKLY, an eminent practitioner of forty years ago in New Orleans, gives his experience with yellow fever at that time. He says, "after studying the cases presented in the Charity Hospital, I regret to say that more died of the doctor than of the disease. I demonstrated that instead of being a high grade of inflammatory bilious fever, as it was previously considered, it was a disease *sui generis*, having its fixed stages and course; it could not be shortened by treatment, but, on the other hand, could be aggravated

and prolonged. On the basis of these observations, I practically discarded medicine, and devoted my efforts to the hygiene and nourishment of the patient, administering stimulants in small doses until the stomach could retain a teaspoonful of nourishment, and then giving that until convalescence. In my hands, with this treatment, the mortality was less than 5 per cent., while the average in the private practice of other physicians was about 33 per cent., and in the hospital over 50 per cent. I gave no calomel or quinine. In the epidemic of 1853, out of 360 cases under my care, 24 died. I published my plan of treatment in the *N. O. Med. and Surg. Journal*, which article, in the epidemic of 1867, was supplied to all Southern physicians, and hence the small mortality at that time."

**C**LEMEN'S solution of bromide of arsenic in three minim doses three times a day, has been used with marked success in epilepsy, but more especially in diabetes-mel. The formula of the preparation is a drachm each of arsenious acid and carbonate of potash boiled in eight ounces of water, to which is to be added two drachms of bromine and enough water to make a mixture of twelve ounces.

#### SOME EXPOSURES.

The *Druggist's Circular* deserves the thanks of the community for the grand work it is doing in its behalf by investigating by analysis some of the popular cure-alls with which the public is being imposed. It has been through these efforts that the "Scotch Oats Essence," which was shown to contain a large quantity of morphine, has nearly disappeared from the market.

In the October issue of this excellent paper—which is worthy the perusal of our readers—is the account of an experience with the doings of a practising physician, who pretended to be an analytical chemist, who really was possessed of no laboratory, but furnished certificates to such as required, upon their own terms and made from material furnished by the parties applying.

His methods were certainly most reprehensible and absolutely unworthy of one who holds a license to practice medicine. There is no language too severe to apply to such a man, and his articles should be tabooed by every respectable journal, as we presume they will be.

The same paper also gives elaborate analyses of two articles which have been flaunted in the eyes of the public upon every occasion, and the articles in question have been dis-

tributed freely in the best social circles of this city, and doubtless many ladies and gentlemen have made use of them.

Prof. R. G. Eccles, who made these analyses, says that "Recamier Balm," one of the articles referred to, is put up in a cheap imitation cut-glass cologne bottle and covered with a pasteboard box bearing the following legend:

"Analyzed and approved by eminent chemists, and highly recommended by all prominent society women, and by such well-known artists as Mesdames Adelina Patti-Nicolini, Lillie Langtry, Agnes Booth, James Brown Potter, Sarah Bernhardt, Sara Jewett, Helen Modjeska, Fanny Davenport, Pauline Hall, Clara Louise Kellogg, Lillian Russell, Marie Jensen, Gertrude Griswold, Maud Harrison, Helen Dauvray, etc., etc., etc."

An inclosed circular contains the warmest kind of testimonials from a number of the ladies here named, couched generally in language that would seem to indicate even personal attachment to the proprietress. It is a pity that they did not have some medical friend by to whisper into their ears before posting such letters what sort of implication was attached to their unstinted praise. Had any one of them been told that the active agent of this preparation was one of the most deadly mineral poisons known, they might have hesitated and considered the matter before acting. The bottle of Recamier Balm examined by Prof. Eccles contained 108 cubic centimeters of fluid and sediment in which was found 4.414 grams of oxide of zinc and 0.149 gram of bichloride of mercury commonly known as corrosive sublimate. This is about four ounces of water, one dram of oxide of zinc and two and a quarter grains of corrosive sublimate! The indiscriminate use of corrosive sublimate by the public must certainly produce harm. Its constant use would produce signs of mercurial poisoning through absorption, and a too free application would destroy the epithelium and spoil any beauty thus treated. Should a child accidentally get hold of such a preparation and drink only a little, death would almost invariably occur ere medical aid could be summoned. The first cost of the ingredients entering into this preparation cannot be over three cents, and yet the price is one dollar and fifty cents. The bottle, ribbon and box would not cost over five cents more. Any druggist can refill for five cents and make a good profit.

The next subject which receives Prof. Eccles's careful attention, is the so-called "Vita Nuova," a preparation which rumor asserts has already been responsible for the worst of all habits, the "cocaine habit." Those of our readers who desire more light upon this latter subject should read the elaborate article of Dr. J. B. Mattison, of Brooklyn, published some months since.

A circular which accompanies Vita Nuova says: "You will find that it tastes like a wine thirty years old, while positively free from alcohol." The chemists who certify to its quality say: "It is compounded of an excellent brand of wine." Which is the true statement? An excellent brand of wine positively free from alcohol would be a curiosity

indeed. This preparation, which is claimed to be "positively free from alcohol," contains more than the highest amount of a good officinal article. Its flavor is that of Concord grapes, and its sweetness suggests that fruit as its source. As might be expected from its taste, it contains an unusually high per cent. of sugar which, with the other constituents, forms a bulky extract.

The alkaloid of the extract was found by washing with a little dilute hydrochloric acid, filtering and testing with Mayer's reagent which produced a precipitate. Ether would not wash it out. Suspecting it to be ecgonine that had resulted from the decomposition of cocaine by heat, some of the original solution was taken, made alkaline with ammonia water, agitated with ether in a separator, allowed to stand an hour, the lower liquid drawn off and then the ether, the latter into a porcelain evaporating capsule in which it was left to spontaneously evaporate. In about an hour little beads of yellowish liquid were found clinging to the sides of the capsule and some of the same at the bottom. The odor was that of the ethers of the wine, with a slight suggestiveness of chloral. Some drops of this placed upon the lips and tongues of two persons gave, in a short time, the distinct numb feeling produced by cocaine. The sensation was most emphatic, and could not possibly be mistaken. On standing over night the drops in the capsule dried up, leaving well-formed crystals of the alkaloid cocaine. These gave negative results with all color tests just as cocaine does. They were changed in their nature by the action of caustic soda and potash, as cocaine is. Whatever precipitated cocaine from solution precipitated these. Alcoholic potash gave the odor of benzoic acid as with cocaine. The identification was complete and perfect, leaving nothing to be desired in that direction.

It is a wine of cocaine. But wine of cocaine is "in a sense" a wine of coca. No better description could be given for popular comprehension of the exact facts than to say that *Vita Nuova* is in a sense a wine of coca. The removal of cocaine from *Vita Nuova* is too simple a matter for them to dare to deny its presence therein. Any pharmacist who wishes to, can in an hour procure sufficient from it to get the physiological test most unmistakably. He only needs to add enough ammonia water to change the color, shake gently with an equal volume of ether and decant into a small basin or saucer. As soon as the ether has evaporated, he has enough of the alkaloid from half an ounce of the preparation to convince half a dozen of its presence however skeptical they may be.

The quantity of cocaine originally put into each bottle of *Vita Nouva* would be difficult to determine owing to its unstable quality. A quantitative examination could only by chance discover two exactly alike from different outputs. The older the bottle the less the amount likely to be found in it. It spontaneously breaks up slowly in neutral antiseptic solutions, but more rapidly in acid or alkaline ones. It might be estimated, after total dissolution, by the amount of benzoic acid formed if we could be sure that this article had not in itself been added as such.

It is a painful thing to consider that men of science, whose ability in their respective positions is beyond question can be prevailed upon, for the sake of a few dollars, to lend their names and hard-earned titles to the support of a glaring humbug in the form of a patent medicine, however harmless or harmful it may be. It is the duty of the physician to keep posted in such matters as these.

#### ARE THE MEN DYING OUT?

PROF. SANFORD E. CHAILLE, Dean of the Medical Faculty of Tulane University, a recognized authority in matters of sanitary philosophy and hygiene, has recently published an interesting report on the life and death rates of New Orleans as compared with those of other cities. Attention is directed by the *Picayune* newspaper to certain deductions which the professor derives from his statistics, and if we may trust in this case to the somewhat questionable statement that "figures never lie," we are brought face to face with some remarkable possibilities.

The professor's statistics are derived partly from the records of the Louisiana Board of Health, and partly from the Mortuary Tables of the Tenth United States Census, and they are doubtless as reliable as such collated figures usually are. From them it is discovered that in most parts of the United States women have a better expectation of life than men; they live longer and survive with more tenacity and success the vicissitudes that tend to shorten existence. This superiority of females over males varies inexplicably in different localities, being greatest in New Orleans and Charleston (among the whites as well as negroes), and least in Massachusetts and New Jersey. That is we have here a learned physiologist presenting a formidable array of figures to show that in the struggle for life the softer sex starts out with decided advantages of immunity from the assaults of death as compared with the males; that the women have better chances for development in all that makes up sane, sound and vigorous life. In a word, the men are on the down grade of health and morals. While the women possess all that conduces to their physical and mental superiority.

How is this possible? Our author replies:

Females are, in less number, guilty of vicious and hurtful excesses; they are more confined in the house and engaged in less hazardous occupations, and thereby they are less exposed to communicable diseases, to inclemencies of weather, and to dangerous accidents. But these obvious causes, while explaining in part, fail to do so in whole. For at no time is the superiority of females as great as under five years of age, and such females are no less exposed than males to the above causes. For such reasons, vital statisticians have claimed that nature endowed the female with a stronger vitality, with greater vital endurance, and if there be a better explanation I do not know it.

It seems, then, in view of the constantly increasing surplus of women over the numbers of men, that a state of society analogous to that of the Amazons of antiquity

might again occur. For how are we to avoid the belief that, in accordance with the implacable law which declares the survival of the fittest, while women are, in obedience to subtle forces of evolution, growing physically more perfect—and this would seem also to include advancement towards moral perfection—the men are declining in all vital characteristics? The women are constantly growing more beautiful and more numerous, while the men are in a corresponding ratio to retire from the world they have for so many ages dominated and controlled. By these mysterious and potent agencies the men are dying, fading out of existence, and their last despairing gaze is to be fixed on a race of goddesses, "divinely tall and most divinely fair," crowding upon the stage where the tremendous tragedy of "Man and Woman" has been so long enacted, but now to be superseded by the inexpressibly peculiar and unknowable drama, "Woman."

A glorious destiny, this, for the sex so long held in subjection! The *Picayune*, indeed, expresses a doubt whether "Eve can be happy in Paradise without Adam"—but then, If gynecological surgery goes on advancing at its present pace, the Amazon of the future may be unbothered by ovaries, just as in the past she had only one breast!

## BIBLIOGRAPHICAL.

**DISSOLUTION AND EVOLUTION AND THE SCIENCE OF MEDICINE**: An Attempt to Co-ordinate the Necessary Facts of Pathology and to Establish the First Principles of Treatment. By C. Pitfield Mitchell, Member of the Royal College of Surgeons, England; Author of "The Treatment of Wounds as Based on Evolutionary Laws." London: Longmans, Green & Co., 1888. Octavo pp. 246.

The author claims to have attempted in this work "to disseminate some new applications of Mr. Herbert Spencer's leading generalizations," and from this statement our readers can judge its character. The subject, as presented, appears to be altogether too complicated for the ordinary reader. If the author had confined himself to the study of pathology, employing plain language, he would have succeeded better than he has. The admirer of theoretical speculation will find food for thought in the work.

**LES MALADIES DE L'ENFANCE, DESCRIPTION, ETC., TRAITEMENT HOMEOPATHIQUE.** Par le Dr. Marc Jousset. J. B. Baillière et Fils, Paris, 1888.

This book gives a somewhat brief description as regards symptoms and treatment of the diseases to which children are liable. To the readers of French it will doubtless prove of no little service. Certain practical points in palliative treatment and many of the newer remedies are omitted.

### INAUGURAL ADDRESS.

President C. B. Kinyon, M. D., of Rock Island, Ill., thus sensibly concludes his presidential address before the Ill. State Hom. Med. Association:

"The only way in which the state can establish and maintain a proper standard of medical education is by a

complete separation of the teaching and the examining corps. In all I have said, I have made no reference to 'isms' or 'pathies' in medicine. While yielding to no one the palm for belief in, or devotion to, the great law of 'similia,' I yet believe that it is not all of the science and practice of medicine. And the science of medicine itself is but a fragment of the far greater science which has for its subject the physical well-being of mankind.

"It is the imperative duty of all physicians to so prepare for the work of their chosen calling, and so faithfully to prosecute that work with unbiased judgment, that they will be able to see and grasp the truth; for truth, like the rising sun, is first perceived by those whose minds soar above the intellectual horizon of their day, but, sooner or later, its life giving influence is felt by all mankind, by all alike. If we each do the best that in us lies, if each is but true to himself,

"It will follow, as the night the day,  
We cannot then be false to any man."

"With such a record while we sojourn in this island of time, it will be well with us when we reach the mainland of eternity."

**PHYSICIAN'S INTERPRETER IN FOUR LANGUAGES, SPECIALLY ARRANGED FOR DIAGNOSIS.** By M. von V. Philadelphia: F. A. Davis, Publisher. Pocket edition.

The object of this little work is to meet a need often keenly felt by the busy physician, namely: the need of some quick and reliable method of communicating intelligibly with patients of those nationalities and languages unfamiliar to the practitioner. The plan of the book is a systematic arrangement of questions upon the various branches of Practical Medicine, and each question is so worded that the only answer required of the patient is merely YES, or NO.

**THE HOMEOPATHIC THERAPEUTICS OF DIARRHOEA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, AND ALL OTHER LOOSE EVACUATIONS OF THE BOWELS.** By James B. Bell, M. D. Third edition. Philadelphia: F. E. Boericke, 1888; pp. 192, 8 vo.

This work is too well known to require more than a passing notice here. It is certainly one of the best of its class, and contains in useful and concise form, the symptomatology of the principal drugs used in the affections of which it treats. The symptomatologist could not be without it.

**TWENTY-NINTH ANNUAL ANNOUNCEMENT AND CATALOGUE OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, Chicago, Ill.**

The plan of teaching adopted and carried out claims the following special peculiarities:

(1) The course of instruction given is so largely *clinical* and *objective* that every student is brought face to face with disease in all the departments of clinical study; (2) the College course is the complement of the daily drill in the Hospital; (3) the corps of clinical teachers in the Hahnemann Hospital is composed exclusively of those who belong to its College Faculty, and who are thus privileged to practice what they teach before the eyes and for the benefit of their pupils; (4) these hospital facilities are amply sufficient for practical illustration without sending its students elsewhere to patch out a clinical course; (5) the lectures actually delivered in the hospital and college are given by men of age and experience, of character,

learning and reputation, of honor, dignity and responsibility; and (6) *the students are examined upon those subjects only which they may reasonably be expected to master during their pupillage, and which will best fit them for their chosen career.*

**ATLAS OF VENEREAL AND SKIN DISEASES,** Comprising Original Illustrations and Selections from the Plates of well-known Authors, with Original Text. By Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases, Formerly Clinical Lecturer on Dermatology, in the University of the City of New York: Surgeon to Charity Hospital, etc. New York: Wm. Wood & Co.

Fasciculus viii. of this gigantic undertaking has been issued, and contains the following plates: Seborrhœa, Comedo, Milium, Sudamina, Typhus Fever, Typhoid Fever, Variola, Varicella, Rubeola, Rubella, Scarlatina, and Erysipelas. The work can only be obtained by subscription.

**THE EAR AND ITS DISEASES,** Being Practical Contributions to the Study of Otology. By Samuel Sexton, M. D., Aural Surgeon to the New York Eye and Ear Infirmary, Fellow of the American Otological Society, Fellow of the New York Academy of Medicine, Member of the Medical Society of the County of New York, and of the Practitioners' Society of New York. Edited by Christopher J. Colles, M. D. Octavo, 473 pages. Numerous Illustrations. Extra Muslin, \$4.00. New York: Wm. Wood & Co.

The work which our eminent author has given us is not a complete treatise upon the subject of otology, but rather a clinical review of the records of some ten thousand of the more interesting of the aural cases which have received his attention.

The author most sensibly says that, "In studying the functions and diseases of the ear, it has been endeavored to avoid the too exclusive consideration of local conditions, with a view to separate treatment apart from the whole, since otology in its broadest sense should embrace a consideration of the upper air tract, of which the middle ear forms but a part, and of regions contiguous to the ear."

The text of the book is eminently novel, interesting and practical. We were particularly struck by the chapter on "Oral Irritation," where the subject of artificial teeth is elaborated, and it is worthy, not only the attention of every practitioner of medicine, but of every dentist as well. Our experience with a large number of poisoning cases from vulcanite plates would be interesting, but of too great length to detail here. We are pleased to see that Dr. Sexton has analyzed these cases so fully, and his conclusions, with which we agree, will be found of great service.

The subject of "Entrance of water into the ears by use of the nasal douche, post nasal syringe, sniffing up of water," etc., is of great importance, and Dr. Sexton's experience is quite in accord with our own.

The only complaint we have to make to the therapeutic part of the work in the use of drugs is the paucity, but the reason for this we can understand. We hope the time will come when Dr. Sexton will be willing to give us that experience in detail in the use of drugs, which we are confident he has had, and which for prudent reasons he has thus far withheld.

It is a disgrace to the profession that the major part of

it will not tolerate honest results, unless they accord with tradition and their own theories! We will not blame any author for declining to imperil his means of support, but it is disgraceful, all the same. This work certainly shows that we are progressing in drug therapeutics. We hope every one of our readers will buy and read the book, for it is worthy of their attention.

**A MANUAL OF GENERAL PATHOLOGY,** Designed as an Introduction to the Practice of Medicine. By Joseph Frank Payne, M. D., Oxon., F. R. C. P., with one hundred and fifty-three illustrations. Philadelphia: Lea Brothers & Co. 1888.

This work will prove of special value to the general practitioner, from the fact that while none of the topics which would naturally be included in a manual of general pathology, medical pathology, so much neglected in works of this kind, has received the larger share of attention. Very wisely, an important place has been assigned in the causation of disease to the influence of living, and especially vegetable organisms. Part II., which is devoted to the causes of disease, is full of scientific information in regard to ptomaines, leucomaines, and various forms of bacillus and bacteria, giving in a careful study of ferments, septic and cadaveric poisoning, valuable hints to the thoughtful practitioner. It gives an intelligent cause for symptoms, and points out to the careful student of drug action and intelligent treatment.

**THE PHYSICIAN'S LEISURE LIBRARY NUMBER 10. DISEASES OF THE MALE URETHRA.** By Fessenden N. Otis, M. D. Geo. S. Davis, Detroit, Mich.

Just the thing to place in the pocket for reading in the carriage or railway train. The professional standing of the author is sufficient guarantee of the quality.

**EIGHTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK.** For the year 1887, with an appendix.

The American Public Health Association has just issued a book of great value to physicians and sanitarians. It consists of the work of several distinguished American physicians, appointed by this association for the purpose of experimental work in determining the value of disinfectants in reference to their application in the prevention and treatment of disease.

The original experimental investigations made by these specialists are of great importance and value, and render this work the most complete and practical volume upon disinfection and disinfectants yet published. A large amount of original work is devoted to the various micro-organisms, and in determining the value of many of the so-called disinfectants and germicides. The biological work was conducted mostly at the John Hopkins University under the supervision of Dr. Sternberg, and at the University of Michigan under Dr. Vaughan. Various apparatus used for disinfecting purposes as well as the admirable quarantine system at New Orleans, are fully described and illustrated. The chapter on "Ptomaines," by Dr. Vaughan, is of great value.

The work consists of two hundred and sixty-five pages, with sixty-eight illustrations, printed upon very heavy paper made especially for this volume, and is elegantly bound in handsome English cloth. The price has been placed at the low figure of two dollars per volume. Sent postpaid on

receipt of price. Address IRVING A. WATSON, M. D., Secretary American Public Health Association, Concord, N. H.

In January there will be issued from the press of A. L. Chatterton & Co., New York, a new publication, entitled *The Journal of Ophthalmology, Otology, and Laryngology*. It will be edited by Geo. S. Norton, M. D., assisted by Chas. Deady, M. D. The editors have undertaken the work with enthusiasm, and are determined to make the journal of the highest practical value to all interested in the eye, ear, or throat. To accomplish this the immense mass of material found at the N. Y. Ophthalmic Hospital will be fully utilized, in addition to which there will be articles by prominent authorities throughout the country. The journal will be particularly devoted to original articles upon the three specialties. The publication will appear quarterly, and consist of about 400 pages, at \$3.00 per year.

The Second Annual Report of the "Helmuth House," 41 East 12th street, extends from September, 1887, to June, 1888. There have been 150 cases under treatment, with 75 operations. Of the number treated, 111 are reported cured, 10 under treatment, 16 improved, 7 unimproved, and 6 deaths. An interesting history of the operations and treatment of several cases is given by Dr. Helmuth, Dr. Helmuth, Jr., and Dr. Knight. The report, in paper, typography, and illustrations, is an elegant specimen of book making.

#### THE HOMEOPATHIC STATE MEDICAL SOCIETY OF PENNSYLVANIA.

The Homeopathic State Medical Society of Pennsylvania has just concluded an interesting meeting in Philadelphia, and has displayed a fitness for the discussion of important medical questions which would hardly be expected by those who are not familiar with the advances made of late by those who bear this designation. In fact, the proceedings at this meeting were so like those of any "regular" medical society that it is hard to discover any homeopathy in them at all. It would appear indeed that our homeopathic fellow practitioners have studied the developments of medical science to such good purpose that the tenets of Hahnemann have come to occupy but a minor and subordinate position in their thoughts and practice.

The mental attitude of what are known as "advanced" homeopaths is strikingly exhibited in the opening address of the President of the Society, who stated that he had been forcibly impressed at last year's meeting with the following questions: "Does homeopathy constitute the whole of therapeutic science?" "Is the physician best prepared to cope with disease in its varied forms, whose knowledge and use of drugs is always and only confined to their homeopathic use?" "Has the physician discharged his full duty to his patients, in all cases, when he has made the most careful selections of the symptoms in the case?" "May the (homeopathic) medical school, in view of its responsibility in the education of physicians, confine its therapeutic teachings to the homeopathic medication alone?" and added that he had been constrained to answer them all in the negative.

Now, here is a frame of mind which must be gratifying to all who hope to witness the downfall of exclusive dogmas. Were Hahnemann alive to day, we believe it would fill him as much with distress as it does us with hope. We im-

agine he would repudiate such sentiments as strongly as we applaud them, but that he would join his voice to ours in urging those who cannot conscientiously follow his teachings to abandon the name which he adopted.

The relation of what is called homeopathy in these days to "regular medicine" has been often enough discussed, and sometimes with so much acrimony that no possible good could come of the discussion; but the time seems to be approaching when the sincere supporters of truly scientific methods in medicine may, with some hope of success, invite those who follow the same methods to give up a name which now separates them from those in whose company they ought to be found, and which misleads only those who do not understand either it or them.

The harsh criticisms which have been applied to those who call themselves "homeopaths" may be deserved by some of them; but we cannot doubt that many of them are actuated by the same motives and governed by the same principles as actuate and govern those from whom they stand apart. These men, like the President of the Pennsylvania Homeopathic State Medical Society, believe that experience and observation furnish the only rational basis for the practice of medicine, just as we do. They may believe that Hahnemann's theories furnish a useful basis for practice in some cases. But they know that, if this is demonstrated by experience, nothing in the tenets of the Old School prevents its adherents from profiting by this knowledge. They know that the main objection we have to what is called homeopathy is that it claims universal or exclusive applicability for a principle which they and we know is not of universal or exclusive applicability. We cannot see how this fact fails to impress all intelligent and conscientious men alike, and why some men to whom these characteristics cannot be denied do not come out from the company of those who are suspected of using the name of homeopath for purely commercial reasons.

We believe the time will yet come when this state of affairs—to which we refer with no unkindly feelings—will cease, and when such men as made the last meeting of the Pennsylvania State Homeopathic Medical Society almost undistinguishable from a similar meeting of "regular" physicians will not debar themselves from association with all other scientific medical men by holding fast to a name which misrepresents them and discredits them in the opinion of men who have no desire to be unjust or uncharitable.—*Med. and Surg. Reporter.*

#### CORRESPONDENCE.

##### CARLSBAD AND ITS "CURE."

*To the Editors of the NEW YORK MEDICAL TIMES :*

This renowned health resort, now one of the first in Europe, is situated in a beautiful valley, up whose steep sides shady, well-kept paths wind and zig-zag to the various summits, from which charming views are obtained of town, valley and mountain. These paths furnish opportunities for the patients to take the exercise required by the "Cure," as this is one of the principal points of the Carlsbad system. This place is, in many respects, a model of its kind, and the boast of the municipality that their town is no mere fashionable spa, is not an empty one. Gambling has never been allowed here, and everything is made subordinate to health, which is just as it should be. There is a little theater here, where nightly performances

are given, but it is out by nine o'clock or shortly after, and even then people returning from the play find the streets almost completely deserted. The reason for this can be readily understood, when one learns that the waters are generally taken between half-past six and half-past seven, and then a walk of an hour is to be taken before breakfast, in most cases. The natural result is that people are tired enough when evening comes, and glad to go to bed early.

The waters of Carlsbad, efficacious as they are, form only one part of the treatment which affects the whole life and habits of the patients, both exercise and diet being regulated by the physician.

Butter and sugar are prohibited, as well as all highly spiced foods and those containing much fat. Patients who protest very strongly against being deprived of sugar in their tea and coffee, are sometimes allowed to use small tablets of "saccharine" instead. In the hotel dining-rooms you are often reminded of the fact that you are in a health resort. On the tables one sees bottles of "dietetic wine" and plates of "zwieback," a kind of toast, for those who are not allowed to eat ordinary bread. The vegetables are generally cooked without seasoning, and taste like chips; moreover, every tenth man is a "liver patient," and has a complexion the color of a ripe orange.

In the morning, every one you meet is provided with a narrow leather strap, slung over the shoulder, from which dangles the "becher," or drinking-cup, made of every possible material, from plain white china to the finest Bohemian glass. The springs are all located close together, in the town itself, and the principal ones are enclosed in majestic colonnades of stone or iron, where the "guests," as they are called, walk in the intervals of drinking the waters. The most remarkable of these springs is undoubtedly the "Sprudel," the hottest of all, having a temperature of 162.5° Fahr., and which comes boiling up from the ground, rising sometimes to a height of twenty feet, and then again sinking to eight or ten. This spring is considered the most efficacious of all, but unfortunately it has a tendency to produce disturbances of the circulation, as determination of blood to the head, vertigo, etc., and so is not as often prescribed as it otherwise would be. There are fourteen springs in all, varying in temperature all the way from 162.5° to 98° Fahr., but all having similar mineral constituents, the principal ones being carbonate of calcium, carbonate of sodium, sulphate and chloride of sodium, and small quantities of the carbonate of iron. They also contain free carbonic acid, in varying quantities. In addition to drinking the waters, baths are also used, which are of two kinds—those of mineral water brought from the springs, and the celebrated Moorbäder, or mud-baths, for which a peculiar kind of peat, itself rich in mineral constituents, is employed. This peat is dissolved in hot mineral water, to bring it to the required consistency, and then the unfortunate patient is sunk in it up to the neck, where he remains for fifteen or twenty minutes, and then steps into another bath of clear water, standing near by, in order to wash himself free from the clinging mud. Strange as it may seem, these baths are considered of great therapeutic value by the local physicians, who prescribe them for a large proportion of the patients coming to Carlsbad. The number of diseases for which Carlsbad may be recommended is manifold, among the most important of which stands diabetes in its various forms and varieties. Another great "specialty" of this place, if I may use such a term, is malaria and the malarious diathesis. It must be understood that America has not by any means a monopoly of

this disease, but, on the other hand, that it is widely prevalent here in Europe as well. Italy has her full share of it, and sends a goodly quota of her patients to this place. In certain regions of Hungary, where periodical inundations occur, the disease exists in an aggravated form, and its victims also find their way here for relief. Through the kindness of a Polish doctor, whose acquaintance I have made here, opportunity has been afforded me to see a number of these cases, and to form an opinion as to the value of the waters in their treatment. It may be said, in general, that the treatment is suitable for all diseases of the organs contained in the abdominal cavity, as the liver, spleen, stomach, bladder, etc., more especially those affections depending upon sluggishness of the abdominal circulation. In a general statement as sweeping as this there are, of course, numerous exceptions, as, for example, cirrhosis of the liver, chronic hypertrophy of the prostate, etc. In the "gouty diathesis," where the blood is loaded with urates, brilliant results are claimed for the treatment.

As to the diseases for which Carlsbad is contraindicated may be mentioned consumption, cancer, organic heart disease, especially in the stage of circulatory disturbance, and atheromatous disease of the larger blood-vessels. Females in the latter half of pregnancy should not attempt the "cure," especially those in whom the circulation is easily excited, and where a tendency to vertigo or congestion is present.

W. F. ROBINSON.

#### HIGH DILUTIONS.

At a late meeting of the Pennsylvania State Homoeopathic Society an estimable and successful physician reported a case of phthisis pulmonalis with a favorable termination, the medicinal treatment of which consisted of the administration of a single dose of calcarea carbonica 50,000th dilution.

This paper was received by the society with complacency, and no doubt strengthened the belief of some who heard it in the efficacy of the so-called high dilutions.

To the writer, however, it suggested an examination of the so-called potency question in order to determine, if possible, its scientific value in therapeutics.

As homœopathy claims to be a system of medicine based on a natural law of cure, or in other words, to be a scientific system of therapeutics, it is evident that its remedial agents—used on the principle of "similia"—must be judged on their scientific merits, and that the use of anything that does not respond to the tests of natural science is unhomœopathic and pernicious.

It is pernicious because it seems to invalidate the truth of the homœopathic principle, and excites a feeling of repulsion and ridicule towards the school on the part of all truly scientific medical men.

In order that the calcarea carbonica 50,000th dilution, used in the above mentioned case, could have had any action whatever on the principle of similars, it must be demonstrable that it contains carbonate of lime.

The property of matter to be mathematically divisible is, indeed, recognized by the scientific world, but when it is applied to physical science chemistry teaches us that there is a limit to the sub-division, and that there is a point at which the atoms become separated from each other.

There are many examples of matter in a high state of tenuity. "By adding almost infinitesimal quantities of hydrogen sulphide to a lead salt, Dr. Thompson obtained sulphide of lead in quantities sensibly appreciable, but

which must have been divided into at least 500,000,000,000 parts." This preparation is the equivalent of the twelfth decimal dilution of a drug.

In making a dilution, alcohol or water is the vehicle employed for attenuating all substances whether animal, vegetable, or mineral.

The force of chemical affinity is seldom developed as it was in the case of Dr. Thompson's experiment.

After the fifteenth centesimal dilution has been made, neither microscopical nor chemical analysis reveals any trace of the original substance and many substances disappear long before this degree of attenuation has been attained.

Notwithstanding this fact, all drugs are diluted to the same degree.

Metals and salts, insoluble in water or alcohol, are triturated with milk-sugar until the fifth decimal trituration is obtained. On the supposition that the method of trituration is perfect, one grain of the fifth decimal contains the one-hundred-thousandth part of a grain of the original substance.

It is now considered to be perfectly soluble in distilled water.

This mixture of suspended particles is used as a basis for higher dilutions, which are made by succussion with alcohol. It is evident that the particles are not further subdivided, and that a twelfth dilution is very liable to contain none of them.

Another method of attenuation is by continuing the process of trituration up to the sixtieth decimal, or even higher; but an examination of these preparations, made a few years since, revealed particles of the original substance unchanged in various triturations up to the thirtieth. This proves the fallacy of trituration above the third or the sixth, as the only medicine contained in the higher triturations is that which, owing to the imperfections of mortar and pestle, became lodged in their interstices, and was dislodged in the process of trituration.

As the result of this brief examination, we are compelled to admit that a 50,000th dilution of calcarea carbonica contains no carbonate of lime, and therefore has no right to the name.

The homeopathic school must accept the verdict of science on the high dilution question as final, or else homeopathy is a false science.

It is with surprise that we found that those who use these so-called high dilutions admit the truth of the foregoing statements and yet ignore it.

They openly boast that they care not, that what is called calcarea carbonica, 50,000th, cannot be demonstrated to be anything but alcohol or water.

They have given it to a patient who has subsequently improved. Hence *post hoc ergo propter hoc* the remedy caused the improvement—but the remedy was called calcarea carbonica, 50,000th, and was given for some symptoms that are found in the proving of carbonate of lime. Therefore, calcarea carbonica, 50,000th, contains carbonate of lime!

This is the fallacious logic of the high-potentist. It is, indeed, a refinement of science, and affords a method for the detection of matter which, in delicacy, far outrivals the achievements of the spectroscope.

In order to strengthen their position they announce and support the following hypothesis, viz., that through the agency of succussion the material drug is changed into, or

develops the spirit of the drug, and that this is developed further, in power, by higher attenuation.

Therefore, to be correct we should have said that calcarea carbonica 50,000th contains the spirit of carbonate of lime.

Unfortunately for this hypothesis the fact remains that no preparation of this spirit of the drug has ever produced a veritable drug symptom in a healthy prover.

The result of this brief examination is adverse to the dilutions, and it seems that the simple statement of their case is the best argument for their abandonment.

Their use is certainly contra-indicated in homeopathy, and they should be condemned as one of the vagaries of the mind of Hahnemann.

If their use is recognized in scientific medicine, then such remedial agents as Queen Anne's touch for scrofula, the Vision of Our Lady on the church wall of Knock, and the modern faith cure must be taken from the realm of mysticism and elevated into that of fact.

Judged by their cures, these measures were as efficient as the high dilutions, and the infatuation of their believers may be said to be equal.

Why should this form of mysticism be tolerated in homeopathy when so plainly at variance with its principles?

It is often a source of complaint among homeopaths that their allopathic friends are using their therapeutic methods, but will not acknowledge homeopathy.

Can they be blamed as long as a system of medicine claiming to be based on natural law nourishes the most absurd belief that has ever been advanced under the cloak of science?

It seems to be fastened to homeopathy like barnacles to a ship. That she has continued onward in her course in spite of the clog, indicates her intrinsic worth, but that her speed would be increased if cleared of this false doctrine, is apparent to her true followers.

Sooner or later, the societies must refuse to receive reports of cures made by high dilutions. Such action is essential to the assertion of the dignity of medical science, and to the truth of the principle *similia, similibus, curantur.*

T. H. C.

#### THE FATAL ILLNESS OF FREDERICK, THE NOBLE.

The admirers of Mackenzie will regret that it has seemed to him necessary to engage in this unfortunate controversy. So far as the profession in this country is concerned, it would have been entirely safe for him to rest his reputation upon what was here thought of him and of his continental confrères. We must not forget, however, the unexampled provocation under which he labored. No professional man living has been called upon to meet a similar exigency. Few could have met it with equal skill. It is not strange that he should resent the attacks which have been made upon him, although it may not be possible to approve the manner in which he faces his accusers.

The charges against the English laryngologist are in brief that he erred in diagnosis and that he bungled in the use of his instrument. It is sneeringly insinuated that he looked at the case from the narrow standpoint of the specialist. Admitting that the case may have been cancer from the first, no conservative surgeon would condemn a temporizing policy while the local appearances were still far from positive and the microscope failed to furnish undoubted evidence. On the other hand, laryngectomy, partial or complete, on mere suspicion, would be generally regarded as indefensible. One

need only compare the brilliant achievements of endolaryngeal surgery with the deplorable results of extirpation of the larynx, whether successful, so called, or otherwise, to be satisfied that laryngectomy is justifiable only in a case of a positive diagnosis of intrinsic disease, and at a period so early that a partial operation will suffice to thoroughly eradicate the disease. These conditions were at no time present in the case of the German Emperor. Virchow not only failed to find microscopic proof of malignancy, but could not discover a single instance of concurrence of benign and malignant growth within the larynx. The situation of the neoplasm, the age of the patient and the family history, furnished the only reasonable grounds for misgiving at the outset, while the perfect, general health of the patient, the appearance of the growth under the microscope, and its behavior under treatment, at least after Mackenzie undertook the case, were reassuring. If, at the time of his appearance as a consultant, the character of the neoplasm was perfectly obvious, as the German surgeons claim, it is difficult to account for the readiness with which they abandoned thyrotomy, for which all preparations had been made, and the calmness with which they acquiesced in the treatment subsequently adopted. We all know too well the difficulty of making a diagnosis of cancer of the larynx from gross appearances alone. In its early stages this is simply impossible. Moreover, the supposition that Mackenzie is not capable of recognizing a *clear* case of cancer of the larynx is inconceivable. He should not be blamed for insisting that the diagnosis must be corroborated by the microscope. When, finally, conclusive testimony as to the nature of the lesion was provided, it had become too late for radical interference.

It is fair to ask whether, in view of the case as it then existed, the operation of thyrotomy, at the time it was first proposed, was not indicated. It is very easy now to say by all means that was the proper thing to do. Thyrotomy is neither very difficult nor very perilous. Complete exposure of the parts thereby gained would have insured detection of a possible deep-seated malignant growth, and in any case the diseased structures might have been thus more thoroughly and rapidly removed. But the history of the case, and the fact that superficial portions of the growth removed with forceps appeared to be benign, point to the existence at that time of malignant infiltration of the deeper tissues. The presumption is therefore warranted that fissure of the larynx would merely have shown the inadequacy of intra-laryngeal operations and of simple scraping of the surface through a thyrotomy wound. The alternative of partial, or perhaps of complete, laryngectomy, would immediately have arisen. In this connection the statistics exhibited at the conclusion of this aggressive defence are of interest, and tend to confirm the opinion that extirpation of the larynx is a procedure which should be left largely to the discretion of the patient after a fair presentation of its many risks and few advantages. One point regarding this operation is, perhaps, too often overlooked. A peasant of limited intelligence and dull, nervous organization may get along comfortably without a larynx; to an individual of cultivation and refinement, existence under such conditions would be almost worse than death. Aside from the question of mortality, then, it is very doubtful whether many patients of the latter class would decide to submit to the operation, provided they have received a fair statement of the case unvarnished by surgical enthusiasm.

The imputation that Mackenzie not only failed to seize the new growth, but actually damaged the opposite vocal cord at one of his operations, is supported by very flimsy testimony. Those who are familiar with his laryngeal forceps

use the instrument with the utmost confidence that it cannot harm healthy parts, especially a vocal cord, if manipulated with ordinary caution. Moreover, the witnesses to Mackenzie's operative dexterity are too numerous to allow such an idea to be entertained.

Counter charges against the German surgeons add no force to this vindication. Those which apply to Bramann and von Bergman will certainly have no effect with their adherents, or with the profession generally. They are practically questions of veracity. The tracheotomy wound may have been to one side of the middle line; obstinate persistence in the use of faulty tubes may have damaged the trachea; a peri-tracheal abscess may have been caused by awkward attempts to introduce a tube. An unprejudiced observer of the quarrel, who may accept the accusations made by each side, would be apt to come to the conclusion that all the medical attendants were incompetent blunderers. But one of Mackenzie's charges has scientific interest, namely, that which refers to the part played by Gerhardt in the early history of the case. The result of the recent investigations by Felix Semon should go far towards quieting the apprehensions of those who have maintained the possibility of transformation of a benign into malignant neoplasm in consequence of endolaryngeal manipulations. Those who criticize Mackenzie for having suggested that this may actually have occurred in the case of his illustrious patient, must remember that probably no case on record was ever before subjected to daily applications of the galvano-cautery for twelve consecutive days! Such unprecedented energy would be very likely to encourage a tendency to malignant degeneration.

From every point of view this discussion is unprofitable, and in most respects disgraceful. The dignity of the profession and the cause of science are in no degree enhanced by such a personal altercation. Honest difference of opinion in medical matters must always exist, and should be generously tolerated. Wrangling over individual competence deserves only the severest censure.

## TRANSLATIONS, GLEANINGS, ETC.

### "SURGICAL MEMORANDA."

BY ARTHUR T. HILLS, M. D.

*Surgeon to Ward's Island Hospital and to the House of the Good Samaritan Diakonissen, New York.*

The question of *How shall the physician disinfect his instruments after use?* is attracting considerable attention at this time, only bichloride solution and carbolic acid are in general applied for this purpose to instruments, and the sublimate is pretty generally given up as it renders metallic instruments soon unfit for use and completely spoils them. Carbolic acid remains, although its high disinfecting power must be admitted, yet it cannot be asserted that it is sufficient in all cases for physician's instruments. Professor Gluck's method of disinfection of instruments has been used in practice with the best results. After every operation the instruments are cleaned and polished, and carefully rubbed over with fat, then this is removed with turpentine, sanitas or ether, when they are cooked in a weak solution of soda for five minutes at a temperature of 100°. The instruments are placed immediately after an operation in cold water, pus, etc., washed from their surfaces, and after they are taken out they should be dried with a sterilized cloth, they are then cooked in the soda solution,

before being used again they are submitted to the same cooking process, and then allowed to cool, and are used without the assistance of a disinfecting fluid.

Dr. Cheever, in his excellent article on shock, says: "The operative surgery of our time has annulled pain temporarily, arrested hemorrhage permanently, averted septic absorption, but it has not prevented shock. This is still a cause of much fatality." After treating the subject at length, he gives the following general rules to be observed, tending toward the prevention of it:

1. Wait for reaction.
2. Never neglect to calm those suffering from mental shock by a cheerful word.
3. Give alcohol, either spirits or wine, a quarter of an hour before the anesthetic.
4. Make the anesthesia short; never begin it until everything is ready; suspend it during the less painful dressings; consciousness returns tardily. We keep up the anesthetic longer than is necessary.
5. As rapid an operation as can be prudently done.
6. As short a dressing as is practicable.
7. As a cardinal point, avoid chilling the patient.

To promote reaction after the operation:

1. Persistent and carefully applied *dry* heat. (Be over careful about accidental burns.)
2. Liquid nourishment, combined with a stimulant *par excellence*, when it can be retained, by enema.
3. Subcutaneous injection of brandy.
4. Aromatic spirits of ammonia by the mouth; champagne is sometimes retained when other things are rejected.
5. Black coffee and brandy, the stimulant *par excellence*, when it can be retained on the stomach.
6. Quiet; a horizontal, or more than horizontal, position; sleep; assurance that all is over and doing well.

We are aware that modern surgery has substituted sleep for pain, and that the animal ligature has averted hemorrhage, and by germicidal applications fermentation has been averted, but can the secondary shock be diminished by stilling the nervous system?

Dr. Lewis has found that with hemorrhage from wounds of the palmar arches, extreme elevation of the hand will usually control it, and this is best effected by vertical suspension of the limb, adhesive straps attached along the palmar and dorsal surfaces of the forearm, after the manner of making extension in fractures. A cord may be attached to the bed-post or any convenient elevated spot. If posture alone does not have the desired effect, compression may be made by a rubber ball or a solid ball of cotton, and the finger and thumb should be tightly closed, and bound tightly with a roller bandage. By using these expedients he has never been obliged to ligate arterial trunks for the arrest of hemorrhage from the palm of the hand.

The treatment of carbuncle by carbolized spray was accidentally discovered by Professor Verneuil, who ordered the carbuncle sprayed with carbolic spray to thoroughly disinfect the parts previously to an operation being performed. He was surprised to find that under its use such improvement had declared itself that surgical interference became unnecessary, since which time he exclusively resorts to this proceeding in all cases of carbuncle. Whether they are large or small, painful or indolent, complicated or not with diabetes, previously opened by surgery, by sloughing, or with the skin as yet unbroken, in every case the same treatment is applied, and always with a successful result. He found the steam spray was preferable, and placed the apparatus about ten inches from the parts, regulating the intensity of the spray by the patient's feelings. He uses a two-per-cent. solution of carbolic acid, and ap-

plies the spray three or four times daily for about twenty minutes each time. Between the sittings he dresses the carbuncle with lint soaked in carbolic solution of same strength, protecting carefully the parts around the carbuncle from the action of the spray.

Laparotomy in peritonitis is no longer a doubtful proceeding. Schwartz gives the following indications for the operation:

1. Insecurely fixed diagnosis of peritoneal tuberculosis, wherein incision should be preferred to the customary puncture.
2. Where the operation is performed, remove the transudation completely, preferably in the dry way, with disinfection of the peritoneum, and exact closure of the wound.
3. Youthful age should, according to surgical experience in other forms of disease, afford no contra-indication to the performance of the operation.
4. A moderate affection of the lungs should be no contra-indication to the operation, but an additional indication for it, as through the removal of the transudation, as well as the strength and general health. Incision has this advantage over puncture as a method of treatment in that, after the former, ascites does not return, while it is the rule for it to rapidly accumulate following the latter.

I quote the following from Truc: "The opening of the abdomen has lost much of its gravity, and we believe that we have demonstrated that certain forms of peritonitis can be cured by opportune and methodical surgical treatment; that is enough to condemn systematic refusal to operate. Instead of being a contra-indication, it (peritonitis) should become a positive indication. Death, in the cases of which we speak, is certain; we have seen that the operation may save the patient. Why hesitate to give the latter some chance of recovery?"

The combings of China grass form an elastic silken wool, which, treated with four-per-cent. salicylic acid, provides an excellent antiseptic, absorbent, surgical dressing, besides being much cheaper than most surgical dressings in use. Its chief value is in the way in which it absorbs discharges from a wound, rendering it very dry, and preventing the poulticing of the wound, as it were, when bathed in discharges under less absorbent material.

#### REPORT OF PROGRESS IN SURGERY.

BY EGBERT GUERNSEY RANKIN, A. M., M. D.,  
NEW YORK.

**Cerebral Surgery.**—The *Cincinnati Lancet Clinic* (Aug. 18, 1888) says: Mr. Damer Harrison states that so far there have been forty-one recorded operations for the removal of cerebral tumors, or opening of cerebral abscesses, with only seven deaths. Mr. Jacobson collects seventy cases of operations for cerebral hemorrhage, with fifty-seven deaths.

**Electricity vs. Tait, or the Use of Electricity in Inflammation as Found in Genecology.**—In the *St. Louis Courier of Medicine*, September, 1888, Dr. Geo. T. Hurlburt, in an article on the above subject, gives the following conclusions:

1. That the cases in which Tait's operation is indicated are purely those in which inflammation, septic or specific, is the active agent.
2. That the removal of this inflammation and its results with restoration of local and general tone is the problem to be solved.

3. That this accomplished, the functional activity remaining is no valid reason why the tubes and ovaries should be removed.

4. That in electricity we find the power of restoring such a high grade of nutrition that a recovery from the local expression of the disease is possible.

5. That the removal of the dead effete products, such as pus, is not possible and must be done by surgical methods (aspiration), but that neoplasm in any form will become absorbed and recovery ensue.

6. That electricity will not work alone but must receive legitimate assistance in the direction of maintaining the benefits of each application.

7. That the dominant idea in the treatment should be first the general effects of the remedy, catalysis, the polar effects, electrotonus. Second the polar effect, electrolysis.

8. That electricity should have a fair and intelligent trial before a resort to the knife be had.

9. That Tait's operation is justifiable only in those cases which electricity will not completely relieve.

**Entrance of Air Into a Vein.**—At the meeting of the Surgical Society of Paris, July 4, 1888 (*Bulletin Medical*, July 8, 1888) M. Regnier reported, that in removing a tumor from the carotid region he heard a gurgling sound as air produces as it enters a vein. No accident occurred for two days, but on the third the bruit reappeared and sudden death ensued. At the autopsy a hole was found in the jugular vein in which there was a considerable quantity of air.

**Some of the Surgical Uses of Carbolic Acid.**—“The use of carbolic acid in the treatment of hydrocele, introduced by Dr. Weir, has proven of great service, and in our own practice is preferred to all other methods of treatment for the average case of the disease.

“Observation of these methods of treatment cannot fail to impress one into the belief that carbolic acid is the irritant par excellence for inducing connective tissue proliferation without much danger or causing suppuration. The young tissue thrown out acts as under ordinary circumstances, viz: it consolidates, organizes and contracts. In doing so it must necessarily compress and shrink down vascular tissues, and will usually unite and firmly bind together serous surfaces. One peculiar fact is worthy of attention, viz: that the acid acts much like a burn, in that the resultant fibro connective tissue formed in the process of repair is much firmer and more persistent than that produced by other surgical processes.

“Reasoning from the above facts, the indications for the use of strong solutions of carbolic acid are reasonably clear.

“In morbid processes involving dilatation of blood vessels and in which their obliteration is desired are apt to be benefited by carbolic acid. We have used it successfully in hemorrhoids, telangiectasis small naevi, and we should not hesitate to operate upon large ones if the opportunity presented itself, acne rosacea, etc.

“One case of goitre has been successfully treated in our practice by injections of pure carbolic acid. Aside from the moderate pain, no evil results ensued.

“We have on several occasions shrunk down the tissues over the turbinated bones in hypertrophic catarrh in the same manner, and more recently have obtained excellent results in two cases of zanula.

“One case of synovitis—chronic—was greatly benefited by the injection of a few drops of a 50 per cent. solution every third day for several weeks.

“Taken all in all carbolic acid is the safest remedy we have as a tissue shrinker, and as an alternative for chronic conditions of mucous or serous hypersecretion.”—Editor *Western Med. Reporter*, August, 1888.

**Treatment of Primary Chancres.**—M. Thiery (*Gaz. Med. de Paris*, Nos. 10 and 12, 1887) says he employs two methods to hasten the induration of primary sores, cauterization and excision. He does not aim at preventing secondary symptoms, but for the relief of the annoying lesion. Any small chancre in a convenient locality he excises, for others he employs repeated applications of the actual cautery, at intervals of two or three days. M. Thiery does not think that local medicaments and dressing have much, if any, effect in healing chancres.

**Radical Cure of Fistula Ano.**—The *N. E. Med. Jour.* says: “Wash out the track with a five-per-cent. solution of ‘hydrogen peroxide.’ Inject a ninety-five-per-cent. solution of carbolic acid, plus an equal quantity of a ten-per-cent. solution of muriate of cocaine. Draw about ten to fifteen minimis in the syringe. Push the flexible needle to the depth of the fistuli, then inject slowly as you withdraw the needle. Inject oleum eucalyptus and glycerin, equal parts, and the operation is finished.”

**Treatment of Thecal Inflammation.**—In a paper, entitled “The Causes, Effects and Treatment of Tension in Surgical Practice” (*Med. Press and Circular*), Dr. Bryant says:

“Let me draw an illustration of the effects of tension from inflammation of a deep structure, bound down by inelastic tissues, such as is met with in a familiar example of thecal inflammation. What pain is at once experienced here from the first onset of the trouble, and how rapidly it intensifies! What destruction of tissues follows! And what comfort and rapid recovery ensue if the case be rightly treated. These facts are familiar to us all, and yet I am rash enough to say that I am somewhat in doubt as to whether the generality of surgical practitioners realize their full meaning and so conform their treatment to the exigencies of the case as to give their patient the best chance of recovery. It is a primary surgical duty in such cases as these to relieve tension by giving vent to pent up fluids in distended tissues, and that this practice cannot be applied too early, may safely be dogmatically advised. At the present day it may be said that this practice is fairly universal. But is it? Is there not even now a lingering dread in some surgeons' minds of incising or even deeply puncturing an inflamed tissue before suppuration has commenced? And have not many of us heard, when an incision has been made into such inflamed tissues as those just mentioned, something like an observation of pleasure, that a fluid like pus has been seen to flow as if to justify the act? Whereas the surgeon's pleasure should be where his duty lies, to give vent to pent up inflammatory fluids before suppuration or other destructive changes have taken place. In my own practice, I, as a matter of routine, cut down freely and immediately upon a finger the seat of thecal inflammation, and always congratulate myself that I have done so when only serum and blood and no pus escapes, for the existence of pus means destruction of tissue under all circumstances.”

**Treatment of Scabies.**—Dr. Lambert claims to have been uniformly successful in his treatment of scabies by means of an ointment containing 30 parts of benzine in 125 of lard. This is vigorously rubbed in three or four times, each application to be followed by an alkaline bath.

## MISCELLANY.

—Dr. Wm. Tod Helmuth has removed to the "Madrid," 180 West Fifty-ninth street, where he can be found from 10 to 12 M., and at the Helmuth House, 41 East Twelfth street, at 2 P. M.

—The corner stones of the N. Y. Homœopathic College and Hospital and of the Roswell P. Flower Surgical Hospital, Avenue A and Sixty-third street, were laid October 20, with appropriate ceremonies. Speeches were made by Judge Cowing, who presided, and laid the corner stone of the college; by Mr. Flower, in laying the corner stone of the hospital which is to bear his name; and by Mayor Hewitt.

—Vaginal injections of bromide of potash, given at bed-time, will give a good night's rest in hysterical conditions occasioned by irritable uterus.

—Dr. Barker says give iron when the menses are scanty and lack color; give arsenic when the flow is too profuse, prolonged, or frequent.

—All pelvic congestions are venous, the arterial vessels not being involved in the process, which, perhaps, is the great reason why such remedies as belladonna, hamamelis, and hydrastis produce such prompt results.

—Mr. I. A. Maloney has given in the *N. Y. Med. Jour.*, the results of interesting investigations upon the sphenoid bone. He thinks it has much to do with the localization of sound, from the fact that the sound would pass much more readily through it than through the other bone. He also thinks that tinnitus aurium may be due to an abnormal condition in the vessels which pass through the various foramina in the bone whereby the volume of blood is increased at these points.

—Dr. Huchard, in cases of gastric and intestinal haemorrhage from ulceration, gives five or six capsules a day, each containing  $\frac{5}{8}$  gr. of iodoform with excellent effect.

—An English lady, thoroughly trained, nine years' experience in hospital management in connection with training schools in England, and two years in this country, desires the superintendance of a hospital. Her address is F. M., 115 West Mulberry street, Baltimore, Md.

—A plant is found in Corsica and Tunis, called the weather plant, which has the sensitiveness to atmospheric changes of the barometer. The more delicate leaves on the upper branches foretell the state of the weather forty-eight hours in advance, while the lower and hardier leaves indicate atmospheric changes three days in advance.

—Dr. Shipp, a Mormon graduate of the Philadelphia Woman's Medical College, advocates polygamy on physiological grounds.

—A lively contemporary, in an obituary notice of Dr. David Robinson, an eccentric physician of Paterson, N. J., says: He was fond of trying medicines on himself before giving them to his patients, which practice caused him much suffering and ill health.

—The works established in Turkestan by a firm of Russian traders are said to have turned out ninety thousand pounds of santonin in 1885, of which the Japanese are affirmed to have taken fifty thousand pounds. Either the Japanese intestine must be a most extraordinarily rich soil for worms, or the people must employ the remedy for purposes not known to Western civilization.

—Harvey B. Cox, a young electrician of Cincinnati, has invented a trumpet to be used for telephoning at sea. The instrument has been found to have a well-defined range of twenty-five miles; that is, a loud sound like a locomotive whistle or the rumbling of a train can be distinctly heard at a distance of thirteen miles in every direction. Conversation was readily carried on between two gentlemen on high hills on opposite sides of the Ohio River, about four and one-half miles apart. Tests made on the water showed that the trumpet was even more available than on land.

—In a letter read before a recent meeting of the Berlin Anthropological Society, Dr. Schliemann energetically protests (says the *Med. Register*) against the current belief in the salutary effect of the Egyptian climate in pulmonary troubles. He says he would much rather advise consumptive patients to go to the Riviera than to Egypt.

—The *San Francisco Argonaut* says that a citizen of Valrosia, Florida, wants to send some of the big red ants of that region, called "bulldog" ants, to surgeons for use in fastening wounds of the intestines. He says that if the edges of two pieces of soft paper are held together and a bulldog ant held so that he will clutch both sides, and his head be then quickly twisted off, the ant becomes a fixture in that position. He says that Spanish surgeons use the bulldog ants as sutures in that way.

—A drachm of resorcin to an ounce of vasaline is said, when applied every night, to act as a specific in scabies.

—To at once end the anesthetic condition produced by cocaine, the inhalation of a few drops of nitrite of amyl is the best remedy.

—The fact that the son of a wealthy and well-known citizen of Boston has decided to become a horse-doctor, to the horror of some of his friends, reminds a writer in the *Boston Post* that one of the sons of that most fastidious gentleman, Edward Everett, became a veterinary surgeon with his father's approval, and had his sign on his father's house in Sumner Street, and that one of the oldest and best horse-doctors in Boston to-day is an honored member of one of the best families of the hub.

—The American Public Health Association will hold its sixteenth annual meeting at Milwaukee, Wis., Tuesday-Friday, November 20-23, 1888.

—Dr. Strong, Chief of Staff, Ward's Island Hospital, reports 823 patients under treatment during September, with a mortality of 1.94 per cent.; 4,417 patients have been under treatment since January 1st, mortality, 6.88 per cent.

—Instruments may be kept from rusting by immersing them in a solution of carbonate of potash for a few minutes; they will not rust for years, not even when exposed to a damp atmosphere.

—Bichloride of methylene is an anesthetic which Sir Spencer Wells has now used in over two thousand operations. He has never known it to fail, and he has never been alarmed or even made uneasy by its effects, in over two thousand cases in which he has used it.

—Our esteemed colleague, Dr. Henry G. Hanchett, has been elected Secretary of the Academy of Anthropology.

—The effort of the War Department to secure a field glass for the service of greater power than the one they now use, has disclosed the fact that the eyes of the average American are closer together than those of men in foreign countries.